DOCUMENT RESUME

ED 124 272 PS 008 317

| | |
|---|---|
| AUTHOR | North, A. Frederick |
| TITLE | Infant Care. |
| INSTITUTION | Children's Bureau (DHEW), Washington, D.C.; Office of Child Development (DHEW), Washington, D.C. |
| REPORT NO | DHEW-Pub-OCD-73-15 |
| PUB DATE | 73 |
| NOTE | 82p. |
| AVAILABLE FROM | Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock Number 1791-0178, ($0.75) |
| EDRS PRICE | MF-$0.83 HC-$4.67 Plus Postage. |
| DESCRIPTORS | *Child Care; *Health Guides; *Infants; *Manuals; *Parent Education |
| IDENTIFIERS | *Neonates |

ABSTRACT

This new addition of a government pamphlet is a guide offering advice and information to new parents. Sections include: You and Your New Baby (handling the baby, care of the mother, feeding, etc.); First Weeks at Home (equipment, formula preparation, bathing, sleeping, crying, colic, etc.); After the First Weeks (temperament, "difficult" babies, play and exercise, toys, discipline, first aid, etc.); and Common Problems and Worries (skin, rashes, crossed eyes, colds, fever, care of a sick child, etc.). (SB)

**********
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
**********

5'76

# Infant Care

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED124272

PS 0083117

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF CHILD DEVELOPMENT ☐ CHILDREN'S BUREAU

DHEW Publication No. (OCD) 73-15 Children's Bureau Publication 8-1973

00002

00C03

# Foreword

A booklet "addressed to the average mother of this country," is how Julia C. Lathrop, first Chief of the Children's Bureau, described INFANT CARE in 1914. When Mrs. Max West, a mother of five children, wrote the first edition, it contained basic facts parents should know about the best ways to raise a healthy child. While the contents of the booklet have been changed periodically to reflect the latest thinking of the experts, the basic purpose—to serve as a handy guide for parents who want to make sure their child has a good start in life—essentially remains the same.

Through the years, INFANT CARE has become a best-selling Government publication. More than 59 million copies of the pamphlet have been distributed to the general public, including Congressmen, physicians, and parents. Requests for the pamphlet have come from all over the world. To answer the requests, the State Department has translated the booklet into many languages, including Arabic, Japanese and Hindi. The booklet has also served as a source of information for numerous other publications on infant care.

This is the sixth time that the pamphlet has been completely rewritten; the last time being in 1963, by Dr. Laura L. Dittmann, of the Institute for Child Study, University of Maryland. Dr. A. Frederick North, Washington, D.C. pediatrician, has rewritten this new 1972 edition. The manuscript was reviewed by Dr. Susan Aronson, Dr. Mark Ozer, Dr. Victor Vaughan, Dr. Dorothy Huntington and Dr. Dittmann, and we are most grateful to them for their expert counsel and assistance.

# Contents


**YOU AND YOUR NEW BABY**

| | |
|---|---|
| Handle and Play With Your Baby | 1 |
| Ask the Doctors and Nurses | 1 |
| Take Care of Yourself | 2 |
| Feeding Your Baby | 2 |

**FIRST WEEKS AT HOME**

| | |
|---|---|
| What Equipment and Supplies You Need | 9 |
| Formula Preparation | 10 |
| Bathing | 13 |
| Sleeping | 16 |
| Bowel Movements | 16 |
| Crying | 17 |
| Colic | 18 |
| Common Problems and Worries | 19 |
| Ask Questions | 21 |

**AFTER THE FIRST WEEKS**

| | |
|---|---|
| Temperament | 23 |
| "Difficult" Babies | 27 |
| Development | 28 |
| Play and Exercise | 31 |
| Toys | 32 |
| Out of the Crib | 33 |
| Discipline and Teaching | 33 |
| Physical Growth | 35 |
| Feeding | 37 |


00C05

| | |
|---|---|
| Health Supervision | 39 |
| Safety and Accidents | 43 |
| First Aid and Emergency Treatment | 46 |
| Clothing | 50 |
| Shoes | 51 |
| Laundering | 51 |
| Your Own Health | 51 |
| Going Out | 52 |
| Leaving the Baby | 53 |
| Penny Pinching | 55 |

**COMMON PROBLEMS AND WORRIES**

| | |
|---|---|
| Skin | 59 |
| Legs and Feet | 60 |
| Umbilical Hernia—Swollen Navel | 61 |
| Genitals | 61 |
| Teeth | 62 |
| Sucking | 62 |
| Crossed Eyes | 63 |
| Very Frequent Urination | 63 |
| Colds | 63 |
| Fever | 65 |
| Vomiting | 66 |
| Care of a Sick Child | 67 |

**INDEX**


00006

# Introduction

A cookbook will not make a great cook. And no book on infant care will make you the great parent that you want to be. But every cook does start out with a few basic recipes and techniques and then adds new ideas from his own experience and that of others to develop his own style. And all parents must start out with some basic skills and knowledge on which they can develop their own style of caring for their infants.

This edition of *Infant Care* has been written to help you as a parent develop the kind of skills you will want to have to care for your baby and to help him develop into a healthy and able child and adult. It should answer many of your questions about what to expect of your new baby. It gives simple instructions about solving problems that most parents will face during their baby's first year of life.

The first year of life is very important for both your baby and his parents. He grows, learns, and changes faster than he will at any later time. He learns how to move and manage his own body and how to recognize and use many of the objects around him. He learns how to relate to people both with actions and gestures and with his voice and beginning language. He learns what he can expect of people. You, his parents learn about him, how he reacts, and what he needs from you. And what you and your baby learn about each other sets the stage for how he will grow and develop into a healthy and able child and adult in later years.

All of the advice in this book should be looked upon as suggestions, not as final answers. The book will give you at least one good way of performing a task or solving a problem. These are not necessarily the only ways or even the

best ways. You, your doctor or clinic, friends or relatives, or other books may suggest ways of helping your baby that are just as good as those mentioned in this book.

If you know a good and easy way to take care of most of your baby's needs, it should be much easier for you to relax and for you and your baby to have more fun with each other. Finding ways of getting along together that you can both enjoy is important for your happiness over the many years that you will be living with each other, and it is one of the most important things to ensure that your baby will continue to grow and develop the way you want him to. This should be much easier if you know that what you are doing is what your baby needs, and if you know that most of the things that worry you are not going to interfere with his good health and his normal development.

To help you, this book lists and describes how to do those things that every baby must have done for him. It describes some of the things about normal babies that commonly worry parents, and it tells you what to do, or not to do about them. It gives some of the danger signals that should warn you that all is not well and that you must do something or get help.

For simplicity, this book refers to all babies as "he." Don't be offended if your child is a girl! Similarly, the care-giving person is referred to as the "mother" or "she" even though the parenting tasks might be performed by a father, a grandparent or another person. Also, the medically trained person from who you seek health advice is referred to as "your doctor" even though it might be a series of doctors in a clinic, a nurse, or a specially trained physician's assistant.

00009

# You and Your New Baby

## Handle and Play With Your Baby

Handle your baby the first time you see him, pick him up, get to know what he feels like. Later, dress him and undress him.

Babies are really quite sturdy, they can take a good deal of handling, and usually they enjoy it. If you are unsure about how to pick up, hold, dress or undress your baby, ask someone—one of the nurses or experienced mothers—to show you. Then do it yourself until you are comfortable. There is almost nothing you can do that is wrong except actually drop him. He will let you know by crying or struggling if you are doing something wrong. If you and he are both comfortable, you are doing all right, despite what critical neighbors, grandparents or even nurses or doctors might say.

Get the feel and the fun of handling and playing with your baby while you are still in the hospital. Insist on having him with you more than just for feedings, no matter what the hospital "rules." Both you and the baby will learn about each other from these contacts, and it will make it much easier to care for him when you are alone with him at home.

## Ask the Doctors and Nurses

Don't keep your questions to yourself! Doctors and nurses may think you know more than you really do or may think you understand something they have tried to explain when you don't. Keep asking questions until you understand. The kind of care and advice you get will depend as much on how you use the doctors and nurses as on how much they know. When they use medical or other words you don't understand, ask them to explain. When they give advice that sounds hard to follow, find out whether they really mean what you think they mean.



00010

For example, you might be told to bathe your baby each time you have to change a soiled diaper. You could wind up giving a lot of unnecessary baths if you did not ask and find out that what they mean by "bathe" is to wipe him gently with a clean washcloth or diaper that has been moistened with a little water!

## Take Care of Yourself

Your own health as a mother is almost as important to your baby as is his own health. Giving birth to a baby is exhausting, and the changes that take place in a mother's body after she has had a baby are also tiring. Don't be surprised if you don't feel like yourself for several weeks. Ask the hospital doctors and nurses about yourself as well as about your baby.

You will be tired when you get home from the hospital. You will probably have plenty of strength and energy to take care of yourself and the baby. But housework, the care of other children and meal preparation for the whole family may be more of a strain than you think. If you can possibly get someone to help, the first few days home are the time to get it. Help with the housework and the other children is usually more necessary than help with the new baby, but if you have other young children at home you may want some help with the baby so you can spend some time with the other children, who have missed you while you were in the hospital. Postpone visitors for several weeks; you and the baby will feel and look better, and you won't tire yourself playing hostess.

## Feeding Your Baby

*Breast feeding* is the most natural way of feeding your baby, and many women find it simpler and far more satisfying than bottle feeding. However, it must be learned by doing, a book or printed page can help in only a few ways.

■ Should you breast feed? Yes, if you think it will be comfortable and convenient for you. No, if you have any strong objections to the idea. Modern infant formulas and bottle feeding are convenient and safe as a substitute for breast feeding. Human milk is probably a little better, especially if members of the family have been allergic to cow's milk. Otherwise there is really no strong medical, psychological or economic reason for choosing either breast



00011

feeding or bottle feeding, so the choice can be made according to your own preferences.

■ Find someone who is experienced and sympathetic to teach you about breast feeding. Most hospital nurses are good helpers, but some may be so strongly prejudiced for or against breast feeding that they are of less help. Other mothers who have breast fed their babies and enjoyed it can give you excellent help. In some communities such mothers have organized into groups to help new mothers with breast feeding. The hospital or public health nurse, your doctor, or other mothers may know of such groups.

■ Don't blame yourself, or let others blame your milk, for all the ups and downs of your breast fed infant. Babies fuss, spit up, cry, and have unusual bowel movements no matter



00012

how they are fed. Just go right ahead with your breast feeding and chances are that such minor "problems" will disappear.

■ The following practical pointers may help:

Most women find that a good nursing bra, one that provides good uplift and that opens easily for nursing, makes nursing easier and more comfortable. Many wear such a bra day and night during the months they are nursing.

Use the first few days, when there is little milk in the breast, to get your nipples used to your baby's nursing. Let him suck for only two minutes at each breast at each feeding the first day, three minutes the second day, and five minutes the third day. If your nipples get sore at any time later, you can limit nursing time to five minutes at each breast. Even a slow nursing infant gets at least four-fifths of the milk in his first five minutes at breast.

Find a position that is comfortable for you and your baby; a foot stool, a pillow and a chair with arms are often helpful.

Touch the baby's cheek with the nipple to start. He will turn his head to grasp the nipple. (If you try to push him to the nipple with a finger touching his other cheek or chin he will turn away from the nipple toward the finger.)

Allow him to grasp the entire darkly colored part of the breast in his mouth. He gets the milk by squeezing it from the nipple, not by actually sucking. His grasp on your nipple may hurt for the first few seconds, but the pain should disappear once he is nursing in a good rhythm. When you want to remove his mouth from your breast, first break the suction by inserting your finger in the corner of his mouth. This will save sore nipples. If your entire breast becomes sore, you may be able to relieve the painfulness simply by lifting and supporting the breast with one hand during nursing.

A small amount of milk may come out of your nipples between feedings. A small nursing pad or piece of sanitary napkin inserted in the bra over the nipple will absorb this milk, keeping the bra clean and preventing irritation of the nipple.

Wash your nipples with mild soap and water at least once a day, and rinse off any messiness with clean water before or after most feedings.

If you notice a spot of tenderness or redness on your breast or nipple that persists for more than two feedings be sure to seek medical advice promptly.



00013

*Bottle Feeding*—Hold him in your arms or on your lap. Be sure that milk is in the nipple. Touch the nipple next to his mouth and he will turn and grasp the nipple with his mouth. Hold the bottle so that it sticks straight out at a right angle to his mouth.

The nipple holes should be large enough so that milk drops slowly from the bottle when it is held with the nipple down.

The cap should be loose enough so that air bubbles can enter the bottle as the milk is sucked out of it.

Halfway through the bottle, stop feeding and "burp" the baby. Hold him on your shoulder and pat him gently on his back until he burps. Or hold him over your hand and pat his back and gently rub his stomach. He will usually burp up some air, and often a little of his formula.

Be sure to protect your clothing with a diaper or other covering. It is much easier to clean up than is your clothing.



00014

*How Often to Feed*—Feed the baby when he seems hungry. If he takes less than six feedings a day and still takes a normal amount each day, you are lucky. (A "day means twenty-four hours, not just the daylight hours.) Most babies will fall into a pattern of 6 or 7 feedings about 3 to 5 hours apart. If your baby is more irregular than this, you can get him on a more regular schedule by waking him a little early or by letting him be hungry a little longer. It is easier and better to get a regular schedule by working from the baby's own schedule than by just deciding he will be fed at certain times whether he is hungry or not.

After the first several weeks, most babies will begin to sleep through one of their feedings. Most parents prefer the baby to skip the night feeding rather than a daytime feeding. If your baby chooses to give up the wrong feeding, don't hesitate to wake him and feed him at the usual time so that he will, hopefully, give up one of the night feedings.

*How Much to Feed*--If you are breast feeding, you don't have to worry about how much to feed—your baby decides. Most mothers who are breast feeding worry at some time about whether they have enough milk. Actually, too little milk is extremely rare. The best reassurance is your baby's normal activity and growth. Another way to reassure yourself if you are really worried is to offer him a bottle of formula just after he has finished nursing. If he is still hungry, he will take several ounces and take them in a hurry. If he doesn't you can be sure that your milk is satisfying him.

Most babies, after the first few days, take two to three ounces of milk per day for each pound of body weight. Most babies want to have six or seven feedings each day. For a 7 lb. baby, this would mean fourteen to twenty-one ounces of formula a day, or two and one-half to three and one-half ounces in each of 6 or 7 feedings. You might begin by offering three ounces in each bottle. When your baby begins to empty the bottle completely at two or three feedings each day, add one-half ounce to the bottle at each feeding. Stay a little ahead of the baby, and let him decide how fast he wants to increase his intake of formula. If your baby takes much more or less than two to three ounces per pound per day, discuss his feeding with a nurse or doctor. Don't worry about how much he has taken at a single feeding, most babies will have times when they just aren't hungry and other times when they take more than you expect.



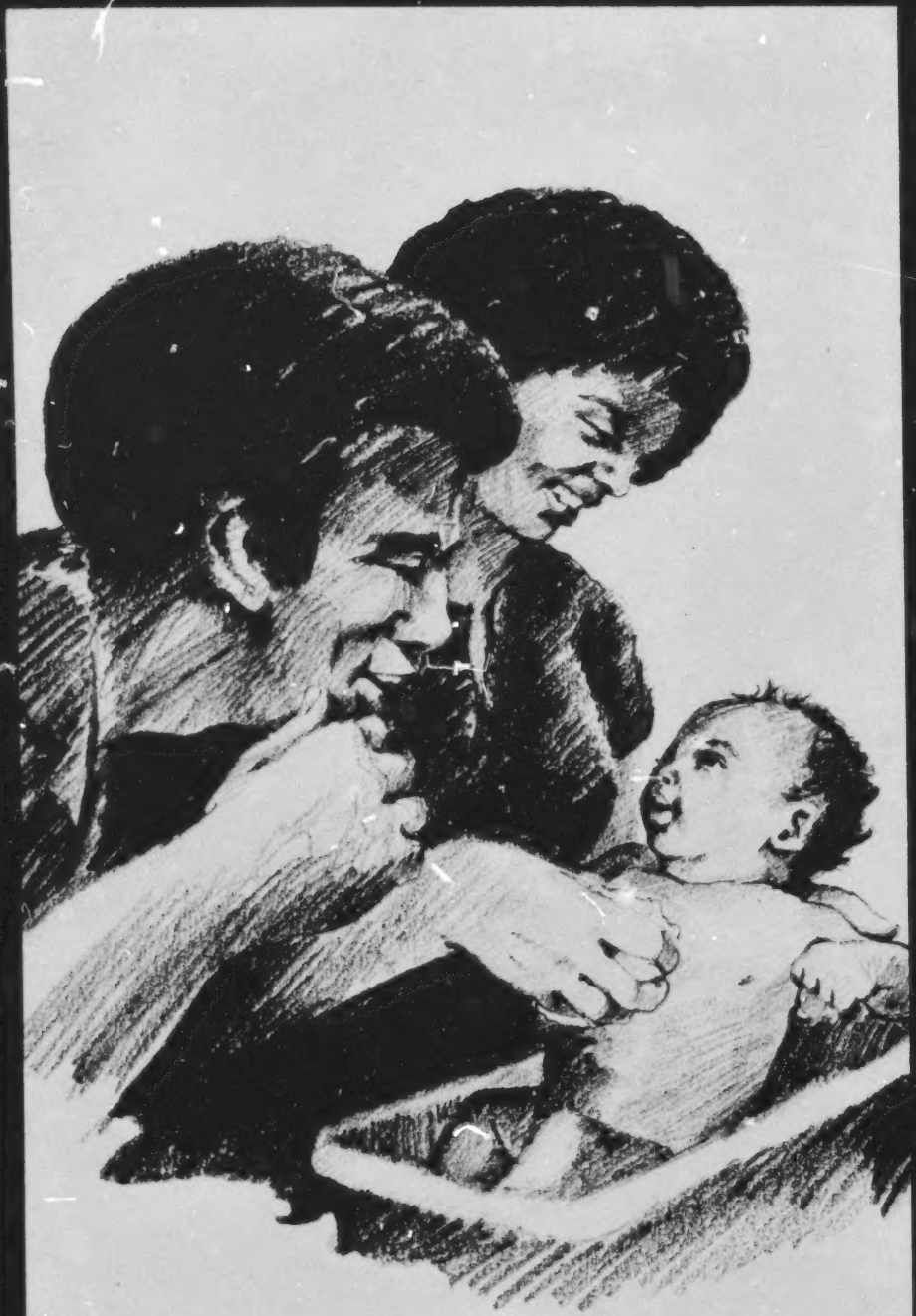
00015

*Spitting Up*—Most babies spit up some of the milk after many of their feedings. The milk seems to overflow from the baby's mouth. It is often curdled from the normal action of the stomach. The problem is more of worry and messiness than of health. Babies who spit up a great deal grow as fast and as strong as those who do not.

There are several tricks to reduce the amount of spitting up. But none of them works all the time, and most babies will continue some spitting up even when all the tricks are used.

- Burp the baby carefully mid-way through the feeding, at the end of the feeding, and a few minutes after the feeding.
- Prop him in an infant seat or cradle with his head a few inches above his stomach for 10 or 15 minutes after each feeding.
- Try feeding a cold formula directly from the refrigerator.

00016



00017

# First Weeks at Home

## What Equipment and Supplies You Need

Babies don't need more than a few things:

- A PLACE TO SLEEP
- CLOTHING
- EQUIPMENT FOR FEEDING
- EQUIPMENT FOR BATHING

### A Place to Sleep

- All you need is something with sides to keep him from rolling out and a soft but firm pad or mattress to lie on. A basket, cardboard box or bureau drawer will serve just as well as the fanciest crib or bassinet. The pad or mattress should be waterproof or have a waterproof casing. Watch out for sharp protruding edges on cribs or bassinets, and be sure that the spaces between the rails of the crib are too small for the baby's head to be caught. No pillow is desirable or necessary. A pillow usually makes too soft a mattress for a baby; better a pad made from 4 or 5 thicknesses of blanket, or a thin plastic foam pad.

### Bedclothes

- *2 or 3 pieces of flannelette-covered waterproof sheeting.* This sheeting should be large enough to cover the mattress or pad;

- *3 or 4 sheets.* Sheets that are fitted or contoured to the shape of the crib mattress or pad are much easier to use;

- *4 to 6 18-inch squares of waterproof flannelette sheeting.* Placed under the baby, these will protect the sheets from overflow from the diaper or from spitting up, and will save many changes of sheets;

- *3 or 4 cotton flannel "receiving blankets."* These blankets are for use in warm weather, for bundling before and after baths, and for use as towels;



00018

■ *A blanket bag, sleeping bag or coverall.* These are usually much easier to use than individual blankets for cold weather sleeping. Get one that is machine washable and that is easy to get on and off and to open for diaper changes. With such a sleeping bag you don't have to worry about blankets coming off.

Clothing

■ *3 or 4 cotton knit nightgowns.* The long ones don't get kicked off as much. They are plenty of cover for most sleeping in most climates.

■ *3 or 4 cotton knit shirts.* The kind that slip over the head without buttons, snaps or tapes with short sleeves, and large arm and head openings, are the easiest to use. Taping or pinning shirts to the diapers just means they will get wet with the diaper. Leaving an inch or two of bare midriff will save a lot of shirt laundering.

■ *2 or 3 sweaters or sacks.* Nylon or orlon washes well. A few easy-to-open buttons in front are easier than bows or ties or many small buttons.

■ *A cap.* Knit nylon, orlon or dacron, for going out or sleeping in colder weather.

■ *3 to 6 dozen diapers.* Pre-folded diapers save a lot of time and don't cost much more. A diaper service will cost about 10 times as much as buying and laundering your own diapers. Disposable diapers will cost about the same as diaper service. Either one is a real time and work saver if you can afford it.

■ *2 or 3 plastic pants.* Use them to protect outer clothing. Some babies can wear them nearly all the time, but many will get a diaper rash. If the diaper area gets red and irritated, leave off the plastic pants except for outings and other times when soiling will be particularly difficult.

## Formula Preparation

There are dozens of formulas and almost as many recommended methods of preparation. Here is one method that is easy to use in most homes. It is quite inexpensive and very convenient. To use it you must have a refrigerator that works and pure water from a good public water supply.



00019

Equipment Needed

■ *Nursing bottles with caps.* 6 to 3 8-oz. bottles, or fewer if you wash them more than once a day. Get the boilable, plastic ones. They cost a little more, but they will save you from breaking and spilling.

■ *Nipples.* 1 for each bottle with a few spares. The ones made of silicone last best.

■ *A bottle and nipple brush.*

PROCEDURE

■ Use a concentrated prepared infant formula containing vitamins and iron. There are many brand names. These formulas come in 13 oz. cans and are sold at drug stores and supermarkets. They usually cost a little less than a quart of milk.

■ Use bottles, caps and nipples that have been washed in clean water and dishwashing soap or detergent (Wash them first when you do the family dishes). Use a bottle brush. Squeeze water through the nipple holes to be sure they are open. Rinse them well so that all soap or detergent is gone, and let them stand in a rack to dry.

■ When you wish to prepare a feeding, clean the top of the formula can with soap and water. Rinse it.

Open the formula can with a clean punch-type (beer can) opener. When you have poured out the necessary amount, cover the can with fresh foil or plastic wrap and put it in the refrigerator.

■ Pour formula from the can directly into the feeding bottle. Use the markings on the bottle to measure just one-half as much formula concentrate as the total amount of formula you want in the bottle. If you want 4 ounces of formula to feed, use 2 ounces of formula concentrate, if you want 6 ounces of formula to feed, use 3 ounces of formula concentrate, and so on.

■ Add to the bottle an equal amount of fresh water directly from the tap. Put on the nipple and cap. It is ready to feed! No warming is necessary. Babies take cold formula as well as warm.

■ Feed the bottle within thirty (30) minutes of the time it is made. If it is not used up within an hour, throw out the formula and start again with a fresh, clean bottle.



00020

**SPECIAL INSTRUCTIONS**—If you use water from a well or pump or from a water supply that is not regularly inspected, boil each day's supply of water for 20 minutes, pour the boiling water into a clean jar and keep it covered in the refrigerator for use in making formula. Wash and clean the water jar daily.

*If you do not have a reliable refrigerator* use powdered formula containing vitamins and iron. This formula is prepared by pouring safe tap water or boiled water into the nursing bottle and adding one level tablespoon of powdered formula for each two ounces of water. (The measure that comes in the formula can is one tablespoon.) One tablespoon or measure of powder makes two ounces of formula, two measures make four ounces, four measures make eight ounces, etc. Put on the cap and nipple, shake the bottle well until the powder is dissolved. Feed the formula within 30 to 60 minutes. Throw out any formula that is not fed within 60 minutes. The can of powdered formula should be covered, but need not be refrigerated.

*If you are breast feeding* and need only an occasional formula feeding, the above method using powdered formula is especially convenient and inexpensive.

**WHAT NOT TO DO**—However you prepare formula, by one of the methods above or by one of the many other methods which may be recommended by your doctor, nurse, or clinic:

- Don't feed formula that has been left standing at room temperature in a nursing bottle or open can for more than 30 or 40 minutes. Germs grow rapidly in warm milk and can become a problem whenever milk from open cans stands for more than an hour at room temperature or stays in the refrigerator for more than three days.
- Don't feed any formula unless you have read the instructions on the can or bottle. Some formulas are sold ready to feed and should not have water added to them. Powdered formulas are mixed one tablespoon of formula for each 2 oz. of water. Most concentrated liquid formulas are mixed half and half.
- Don't give added vitamins or iron if you are using a prepared infant formula unless these are specifically prescribed by a physician who knows that you are feeding a vitamin- and iron-containing formula.
- Don't expect much change in bowel habits, spitting up,



00021

or other symptoms by changing from one brand or type of formula to another.

## Bathing

During the first week, before the cord has fallen off and healed, you can bathe the baby by washing him lightly with a cloth wrung out in warm water. His face and diaper area require frequent washing, since food, urine, and bowel movements can irritate his skin. The rest of his body may need washing only several times a week.

After the first week or two, you may find it more convenient to give him his bath in a tub or dishpan. You will need the following:

- A warm room
- A table or counter top of convenient height
- A tub or dishpan containing an inch or two of warm water.
- A cake of mild soap
- A wash cloth or other soft cloth
- A full size towel or "receiving blanket" to dry the baby
- You may want to put a small towel or diaper in the bottom of the tub to keep him from skidding on the slippery surface.

Wash his head and face first, while the water and wash cloth are clean. You won't need soap for his face. After you wash and dry his face, use your hand to lather the rest of his body with soap. Wash the girl's labia and the boy's penis

00022

just as you would any other part of their body. You may find it easiest to wash him on the table on a towel, and use the tub only for rinsing. Rinse the baby thoroughly with the wash cloth—at least two rinsings—pick him up, wrap him in a towel, and pat him dry.

Wash his hair with a non-irritating baby shampoo about once a week, more frequently if he has the scaly, waxy rash of cradle cap. Don't worry about the soft spot on his head, it's tough!

Don't worry if you can't bathe him every day. Two or three baths a week are plenty for many babies. Some babies quickly learn to enjoy their baths and it becomes a daily pleasure for both mother and baby. Others strongly object to the bath the first 8 or 10 times it is tried. They will gradually learn to tolerate the bath and perhaps even to enjoy it.

Use a nail clipper to keep his finger and toe nails short. Cut them straight across, and try to clip them when he is relaxed or asleep. At other times his playful sudden motions may make clipping difficult and you might accidentally clip the skin.

## NEVER, NEVER LEAVE THE BABY ALONE IN THE WATER FOR ANY REASON WHATSOEVER ! ! !

If the telephone or doorbell rings, or your two-year-old hollers, wrap the baby (soap and all) in a towel and put him under your arm. The bath is *never* safe, no matter how little water you may use, until well into the second or third year of life. If there is a real crisis or emergency, put the baby on the floor; he can't fall or drown there.

**Always check the water temperature.** Hot water causes scalds and burns! Don't leave him in the tub with the water running.

**Don't try to clean the ears, nose, navel, vulva or anus with cotton-tipped sticks.** Anything you can't clean with a corner of a wash cloth isn't worth cleaning.

**Don't use special disinfectant soap for every bath and cleansing.** Plain soap is best. Too much soap can be almost as irritating to his skin as is dirt, food, or soiled diapers.

00024

## Sleeping

Everybody will get more rest if the baby does not sleep in the parents' room. Especially in the first weeks, his frequent snorts, gurgles, sneezes, coughs and irregular breathing are bound to keep you awake wondering what he'll do next. If he really needs you, he'll cry loud enough to be heard from nearly everywhere in the house. Even in the smallest apartment, a crib or makeshift crib can be moved to the living room, kitchen or bathroom when the parents retire for the night.

Don't put him in bed with you, either. There is always a danger of smothering him or hurting him by rolling over on him in your sleep, and it is almost certain he will want to become your constant bedfellow. Neither you nor your husband will want to put up with a wiggling, wet baby for very long.

He shouldn't sleep in a strong draft or breeze. He does not need open windows where he sleeps. Air that is fresh enough for him to breathe during the day is fresh enough for him to sleep in.

He will decide for himself how long he wants to sleep—anything from 12 to 20 hours during the 24-hour day. You won't be able to make him sleep any more or less, but certainly you can arrange to keep him awake during the times of the day that are most convenient for you, so that he will sleep during the night and during morning or afternoon naps.

## Bowel Movements

The baby's first bowel movements are a sticky green-black material. After a week or two, they become lighter and less sticky, the way they will be for the next year. The baby may have anywhere from one movement every three or four days to five or six movements a day. Movements may be as firm



00025

as those of a normal adult or as soft as watery scrambled eggs. The baby may turn red in the face and cry with each bowel movement, or he may seem totally unaware of them. The color of the bowel movements may be yellow, green or brown. All of these are normal.

*Constipation* exists when the bowel movements are hard, dry, and difficult to pass, no matter how frequent or infrequent they may be. Prune juice (1 tablespoon), brown sugar (1 tablespoon), or molasses (1 tablespoon), added to one of his bottles may correct this. If not, your doctor or clinic may suggest a remedy. **Do not** use mineral oil, castor oil, adult laxatives or enemas without the advice of your doctor.

*Diarrhea* exists when the bowel movements contain too much water. Small bowel movements which are milky or water or odd-colored are rarely of concern, and no treatment or diet change is usually necessary. Large, watery bowel movements can cause an infant to lose more water in his bowel movement than he is drinking. The "dehydration" which results can be a true medical emergency. Even a single huge, explosive, watery bowel movement can be an emergency in an infant one to three months old, especially if there is poor appetite or vomiting. **Do not delay in seeking medical attention when there are one or more large watery bowel movements.**

*Blood in bowel movements*—slight blood streaking on the outside of a bowel movement is usually caused by a small sore or fissure in the anus, and is not a cause for alarm. The fissure and the bleeding can often be cured by keeping the stools soft with one of the remedies discussed for constipation. If bleeding or hard bowel movements persist, your doctor will be able to help. **Do not delay** medical attention if there is bloody diarrhea or passage of fresh blood or blood clots with the bowel movements.

## Crying

A baby's cry is his way of telling you that he is in some way not satisfied or uncomfortable. Your job is to find out why and if possible, to do something about it. Hunger is the most common cause, loneliness is probably the next most common cause, especially after the first few months. Actual pain from an open diaper pin or colic (see below) is much less common. The baby's own temperament makes a big dif-



00026

ference; some will let out a roaring cry at the first sign of hunger or discomfort, others will become quietly restless and not actually cry for some time. Some will cry whenever the diaper is wet or soiled, others will ignore the diaper until it causes enough irritation to cause actual pain. Some will object to baths, to being placed in bed, to having the lights put out or to other sudden changes. Excessive clothing or clothing that is not warm enough will cause discomfort and crying.

But there is always a cause, and you should usually be able to figure out what the cause is and to do something about it. This does not mean that you can't let a hungry or wet child wait for several minutes while you finish what you are doing. But it does mean that no child should be left to cry for any prolonged period of time without serious attempts to find out what is wrong and to correct it.

Many babies do have a time each day when they are just fussy or crying without any reason that you can discover. After you have checked for a cause of crying, you can safely ignore these fussy periods.

Most children want attention and handling. If a baby becomes quiet and content when picked up, he was probably just lonely. A few minutes of fondling and play, and then perhaps leaving him in the room with you where he can see you, is all that he needs. If he is actually hungry or in pain he will soon cry again, even if you are holding him or playing with him. Don't worry about "spoiling" him! Giving him the attention he needs during his first year will help him build the trust he will need to learn more "grown up" behavior later on.

Many infants rest better if they are firmly wrapped, or swaddled, in a blanket or wrapper.

## Colic

Some babies have attacks of crying nearly every evening, usually between 6 and 10 p.m. During an attack, his face suddenly become red, he frowns, draws his legs up and screams loudly, a cry quite different from his cry of hunger or loneliness. The crying continues from 2 to 20 minutes, even though he is picked up and comforted. The attack may end suddenly or soft crying may last a few minutes after the hard crying stops. Just as he is about to fall asleep, another attack may occur. Gas may rumble in his stomach and he may pass gas out of his rectum.



00027

No one knows what causes such attacks. They often come at the same time every day. At other times of the day he is happy, alert, eats well and gains weight. During an attack, holding him across your knees on his stomach often will give some comfort. There is little you can do except comfort the baby until the attack stops. Be sure he isn't just hungry, wet, or lonely, or that some part of his clothing is not uncomfortable. Most importantly, remember that colic does not interfere with his general health and growth and that he will grow out of it by the time he is 12 to 16 weeks old. Colicky babies *do* annoy their mothers and fathers and anybody living in the household. Remind everyone that it is not the baby's fault, it is not your fault, and he'll get over it. If the colic becomes a real problem for him or the family, it is worth a special trip or call to the doctor, who may be able to prescribe a medicine to make the baby rest more comfortably.

## Common Problems and Worries

*Eyes*—When he comes home from the hospital, the baby's eyes may have some white or yellow discharge caused by irritation from the medicine that was put in at birth. This should clear up within 5 or 6 days and should not get much worse at any time. If it does get worse or lasts more than a week, get medical advice promptly.

*Head Shape*—In passing through the birth canal, his head may become molded into a peculiar shape. It will become more normal in the first several weeks of life.

Body fluid may accumulate under part of the skin of the scalp causing a firm, spongy lump or "caput". This, will disappear in a few weeks. Blood may accumulate on the surface of one of the bones of the skull, causing a soft squashy "cephalohematoma." This kind of lump may take several months to disappear completely. A child who always lies on one side of his head may show flattening and loss of hair on that part of his head. This, too, will disappear as he grows older. None of these "abnormalities" will cause any problems later in the child's life.

*The Umbilical Cord and the Navel or Belly Button*—The stump of the umbilical cord, which is cut at birth, usually falls off by the 5th to 9th day. The navel then often shows a slight oozing or bleeding for a few days. If it does, clean it once or twice a day with soap and water or with alcohol. Bleeding or oozing that lasts more than two or three days after



00028

the cord falls off should be brought to the attention of a doctor.

*Older Brothers and Sisters*—Older brothers and sisters are often jealous of the time that you spend with a new baby. Try to find some time to give each of them special attention. Don't be surprised if a child between age 2 and 5 starts sucking his thumb, wetting his pants, or asking for bottles or diapers in imitation of a new baby. He is simply seeking attention. Give him as much as you can of the attention he wants, but don't encourage him to return to baby-like habits. A child older than 3½ or 4 years can usually understand the arrival of the new baby and can help you take care of him.

00029

**Children between age 1 and 3½ years should never be left alone with the baby.** They are too young to understand the baby. They may pick him up, drop him, squeeze him too hard, sit on him, put dangerous things in his mouth or crib, or hurt him with tools, utensils or furniture! This is not because they are "bad" but because they are naturally jealous of the new arrival. Give them the individual attention they need, let them help you and the baby in whatever way they can when you are with the baby, and **NEVER LEAVE THEM ALONE WITH THE BABY.**

## Ask Questions

Especially with your first baby, you will have more questions in the first few weeks than at any time in his life. If your question isn't answered in this book, get an answer from another source. There are many excellent baby books. You may not want to read any of them from cover to cover, but they can answer many of your specific questions. Ask experienced mothers and grandmothers, but don't necessarily accept all the advice you get! If what you hear is simple and makes sense, give it a try. If not, get other advice.

Use the telephone to call a doctor, a well-baby clinic, or the hospital where your child was born. Write down all your questions before you make the phone call so you will be sure they are all answered. If you don't understand the advice you are given, keep on asking until you do understand. Many doctors and nurses use medical terms which few mothers can understand. If that happens, tell them so. Ask them to say it in plain language. Don't give up until you understand what they mean. Just because advice is given by a doctor or nurse doesn't mean that it is right. If it doesn't make sense to you, or if it sounds extremely complicated or difficult, even after you have had a full explanation, don't hesitate to ask someone else.

The more you can tell your doctor about what is bothering you or your child, the better he will be able to help you. For example, if your child is crying more than you think he should, your doctor will want to know at what time of day he cries, how long it lasts, whether he seems to be in pain, whether there is anything you do that makes it better or worse, for how many days he has been crying and whether he seems sick or uncomfortable in any other way. The more you can tell about your baby, the better advice you will get.



00030

00031

# After the First Weeks

## Temperament

Babies differ from each other in many ways. They may be big or small, fast growing or slow growing, early developers or late developers, brown-eyed or blue-eyed. One of the most important ways in which babies differ is in their temperament—the usual way they react to you, to other people, and to things around them. You will find it much easier to understand your baby, to take care of him, to teach him and to enjoy him if you pay attention to his temperament.

There are at least nine ways in which young babies differ from each other in "temperamental characteristics." No one knows whether these characteristics or differences are inherited, whether they are formed when the baby is growing during your pregnancy, or whether they develop in the first weeks of life. In any case, they are present in the first months of life, and you will want to understand how they affect your child.

*Activity Level*—How much does your baby move around? When you put him in bed, does he wiggle all over the crib or does he stay in the same place? When you change a diaper or put on a shirt, do you have trouble because he is constantly wiggling about or does he lie quietly and let you change him?

Normal babies may be very active or very inactive. Your job in caring for a very active baby will be very different from caring for a very inactive one. If you believe that all babies should be active, you may be disappointed or frustrated by an inactive baby. If you think that all babies should stay still and lie quietly will being dressed or bathed, you may think that an active baby is bad or that he is active because you are not caring for him properly. Don't blame yourself or the baby. He is just made that way.

If your baby is super-active, you may just want to enjoy him, or you may want to behave in a more soothing and gentle way so as to encourage him to slow down a little. With a



00032

very inactive baby, you may want to take more initiative in playing with him, moving him about, and rewarding him for the activities which he does start on his own.

*Regularity*—How regular are your baby's habits? Does he always awaken at the same time, get hungry at the same time, take his nap at the same time, have his bottle at the same time? Does he vary by a small amount each day? Or is he completely unpredictable? Does he eat and drink about the same amount at his morning feeding each day?

If he is very regular, your job is usually quite easy. If he is very irregular, you will have to be prepared for daily changes! Or you may have to do more scheduling for him rather than sitting back and waiting for him to find a comfortable schedule of his own. Of course, you can't feed him if he isn't hungry, or make him sleep if he isn't really tired. But you can feed him before he really cries in hunger and you can put him down for a quiet time or for sleep even though he isn't especially tired.

*Adaptability*—How long does it take him to get used to new situations or to changes? When you changed from sponge bathing to a bath, did he accept it immediately, or did it take six or seven tries before he really accepted it? If you offer him a new food or toy, does he take it promptly or does it take many trials before he will really eat it or play with it? If he objects the first time you put a cap on his head, does he object every time you try it, or does he get used to it very quickly?

High or low "adaptability" is neither good nor bad. The child who resists change may take longer to teach. But, once taught, he won't change every time a slightly different situation comes along.

*Approach or Withdrawal*—How does your baby usually react the first time to new people, new foods, new toys and new activities? Does he reach out for them and seem pleased, or does he shy away and fuss? Approach and withdrawal differs from adaptability in that it describes the baby's first reaction to something new rather than the length of time or number or tries it takes him to get used to it.

The baby who immediately reaches out for something seems easier to deal with at first. But the baby who withdraws slightly from a new situation may be much easier



00033

to keep out of trouble and danger when he is a little older. Again, neither characteristic is good or bad, but they do require different handling.

*Threshold Level or Sensitivity*—Is your baby very aware of slight noises, slight differences in temperature, slight differences in tastes or in different types of clothing? Will he wake up at the slightest noise, or can he sleep through anything? Do bright lights or sunlight make him blink or cry? If he doesn't like a new food, does he notice the difference when you mix a little of it with an old food that he does like? Does he let you know every time his diapers are wet or does he ignore it?

Very high sensitivity may make your job more difficult at first, but the child who notices small differences may learn some things faster or more easily at a later age.

Extreme insensitivity to sounds may be caused by deafness, not temperament. You should certainly mention it to your doctor.

*Intensity of Reaction*—How strong or violent are his reactions when he is pleased or displeased? Does he laugh and wriggle all over or just smile when he is pleased? Does he frown and fuss quietly or does he scream loudly when he is upset? If he doesn't like a new food does he quietly turn his face away, or does he hit the spoon away, spit out the food, and cry?

If your baby reacts very strongly and intensely, you will want to teach him that he can get what he wants without being quite so loud and active. Don't let him learn that you only pay attention to him when he reacts very strongly. Of course, his active way of showing pleasure will make up for some of his loud crying when he is disappointed.

*Distractability*—How likely is your baby to turn his attention from what he is doing to something new? If you are feeding him, will he keep on sucking no matter what happens? Or will he stop and pay attention when a door opens or someone else comes into the room? If he is hungry, will a toy keep him quiet for a few minutes while you are getting the bottle, or will he just keep on demanding his bottle? If he is playing with his rattle, will he quickly turn his attention to a new sound or sight?

You may want to feed him in a quiet place if he is very distractable, and to give him just one or two toys at any one



00034

time. If he is not at all distractable, you will have to be very firm when you want him to change from one thing to another.

*Positive or Negative Mood*—How much of the time does your baby show friendly, pleasant, joyful behavior as compared to unpleasant crying, fussy, or unfriendly behavior? This means not just his first reaction to new situations, or to the times when he is actually hungry or uncomfortable; it means the way he seems to be during most of the day. His mood may be expressed quietly with a frown or a whimper, or with a smile and a twinkling eye. Or it may be loud screaming or a deep laugh.

A baby with a negative mood is much harder for any one to deal with. You will have to realize that the few bright spots in his day mean you are doing a lot of things the right way. You must remember that his general unpleasantness does not necessarily mean that you are doing something wrong. He will wear you out much more quickly. You may need more recreation and more time away from him. You will have to learn to ignore some of his crying and fussing once you have made sure he really doesn't need anything at the moment and has no reason to be uncomfortable.

00035

*Attention Span and Persistence*—How long will he stick with something he is doing? Will he continue to try even if it is difficult for him? Even if you try to stop him? If he reaches for something out of reach, will he keep trying? Or give up quickly? Will he keep watching something above his crib for 10 or 15 minutes; or will he turn to something else after a few minutes? Attention span and persistence mean how long he sticks with something on his own, not how easy it is to distract him with something new or different.

You will be pleased when he persists in things you like, but not pleased when he persists in making trouble! You will want to be firm and patient, and use distraction in getting a persistent child to change activities. You will want to encourage and praise a non-persistent child for sticking with a useful activity.

If you pay attention to how your child measures up in each of these traits, you will be able to help him in the ways he needs help. And you will be much more certain that what you are doing is right for him. You should be much less likely to think that he is a "bad" baby or that you are a "bad" mother.

## "Difficult" Babies

While no single trait of temperament makes a baby much more difficult, babies with certain combinations of traits are certainly much harder to care for. If you have such a child it may be a great comfort to know that you really have a much harder job than do most other mothers.

A baby with a combination of irregularity, withdrawal from new situations, slow adaptability, negative mood and intense reactions will be very hard to care for indeed. You will need a great deal of patience. You will have to be firm, and willing to be firm not just once, but many times one after another. You will need more time away from him and more help from your husband and from others. Such a baby will especially need your signs of approval and affection at those times when he is comfortable and "cooperative". But even such a difficult baby will learn to be less difficult, and as he does, you will have the satisfaction of knowing that you have performed a very difficult job in a skillful way. And you will have saved your baby from a lot of trouble in later life!



00036

## Development

While temperamental characteristics or traits tend to remain quite constant over a long period of time, many other kinds of behavior change rapidly—and many of these changes can be predicted by your baby's age. Some of these "developmental" characteristics and behaviors are listed along with the ages at which your baby is first likely to show them.

| Characteristic | Most Babies First Do This Between |
|---|---|
| **How he handles his whole body:** | |
| Holds head off of bed for a few moments while lying on stomach | Birth and 4 wks |
| Holds head upright lying on stomach | 5 wks and 3 mos |
| Holds head steady when you hold him in sitting position | 6 wks and 4 mos |
| Rolls over from front to back, or from back to front | 2 mos and 5 mos |
| Sits without support when placed in a sitting position | 5 mos and 8 mos |
| Gets himself into sitting position in crib or on floor | 6 mos and 11 mos |
| Takes part of his weight on his own legs when held steady | 3 mos and 8 mos |
| Stands holding on | 5 mos and 10 mos |
| Stands for a moment alone | 9 mos and 13 mos |
| Stands alone well | 10 mos and 14 mos |
| Walks holding onto furniture | 7½ mos and 13 mos |
| Walks alone across a room | 11 mos and 15 mos |



00037

| Characteristic | Most Babies First Do This Between |
|---|---|
| **How he uses his hands and eyes:** | |
| Follows an object with his eyes for a short distance | Birth and 6 wks |
| Follows with his eyes from one side all the way to the other side of his head | 2 mos and 4 mos |
| Brings his hands together in front of him | 6 wks and 3½ mos |
| Grasps a rattle placed in his fingers | 2½ mos and 4½ mos |
| Passes a toy from one hand to the other | 5 mos and 7½ mos |
| Grasps a small object (like a raisin) off a flat surface | 5 mos and 8 mos |
| Picks up a small object using thumb and finger | 7 mos and 10 mos |
| Brings together two toys held in his hands | 7 mos and 12 mos |
| Scribbles with a pencil or crayon | 12 mos and 24 mos |
| **How he uses his ears and voice:** | |
| Pays attention to sounds | Birth and 6 wks |
| Makes vocal sounds other than crying | Birth and 6 wks |
| Laughs | 6 wks and 3½ mos |
| Squeals | 6 wks and 4½ mos |
| Turns toward your voice | 4 mos and 8 mos |
| Says "Dada" or "Mama" | 6 mos and 10 mos |
| Uses Dada or Mama to mean one specific person | 10 mos and 14 mos |
| Imitates the speech sounds you make | 6 mos and 11 mos |



00038

| Characteristic | Most Babies First Do This Between |
|---|---|
| **How he behaves with other people:** | |
| Looks at your face | Birth and 1 mo |
| Smiles when you smile or play with him | Birth and 2 mos |
| Smiles on his own | 6 wks and 5 mos |
| Pulls back when you pull a toy in his hand | 4 mos and 10 mos |
| Tries to get a toy that is out of reach | 5 mos and 9 mos |
| Feeds himself crackers | 5 mos and 8 mos |
| Drinks from a cup by himself | 10 mos and 16 mos |
| Uses a spoon, spills little | 13 mos and 24 mos |
| Plays Peek-a-boo | 6 mos and 10 mos |
| Plays Pat-a-cake | 7 mos and 11 mos |
| Plays with a ball on the floor | 10 mos and 16 mos |

NOTE: A baby who was born before he was expected—who was "premature,"—will normally be later in development. If your baby was early by a month, add one month to the above ages to find out when to expect him to do things. If he was two months early, add two months, etc.

Don't spend much time trying to teach him something that most babies don't learn until they are older; he will learn it easier and faster later on.

Knowing what your child will be doing next helps you plan to protect him. When he begins to crawl, you have to keep him away from stairways and things he can pull over.

When he begins to grasp things, you will have to keep dangerous (or valuable) things out of his reach. When he can pick up small objects, you must be sure he doesn't reach and swallow anything that isn't food.

A child who sits early will probably stand early, but he won't necessarily talk early. The things that are grouped together in the chart usually go together in a child.



0,0039

If your baby is slower to do something than the expected times shown in the chart, you should think about why this might be. If he is slow in just one or two items, and average or quick in the others, it may be just his style of doing things. But if he is slow in all items in any category it is cause for some concern. Have you been giving him an opportunity to learn, and have you been praising him for his efforts? Is he physically ill? Was he premature? If you can't find any reason, and if he doesn't learn when you try to teach him, have your doctor check his health and development. If you are told "he'll grow out of it" and you don't see him doing it, check again—or even get another doctor's opinion. If your baby is much slower that the expected times in several areas of development either there is something wrong with him, or there is something wrong with the opportunities he has to learn and develop. In either case, you will want to know about it.

## Play and Exercise

You and your baby, and your baby and his father, get to know and understand one another as you play together. He learns about his own body and about the world around him as he plays by himself. He reaches out and examines things, first with his eyes, then with his hands and then with his whole body. He listens, then responds, then imitates as you talk to him in play.

In the first months, baths, feeding times, and diaper changes give you the opportunity to handle each other, to listen to each other and to watch each other. You can stretch him out, pull him into a sitting or standing position and get to know the real strength he has in his grip and his muscles.

At first, he will play mostly with his eyes, looking at objects and following them as they move. A few objects dangled on a string from his crib will give him something to watch, and so will the view out the window or the sight of you carrying on your usual household tasks.

By the time he is two to three months old, he will spend a great deal of time watching his hands as he reaches out and brings them back in front of his face. He will begin to laugh and squeal so you will know when he really enjoys his own games and the games you play with him.



00040

## Toys

A toy is anything the baby plays with. He doesn't care whether it was purchased in the most expensive children's shop or is a cardboard tube from a roll of toilet paper. Spoons, boxes, pie tins, pieces of cloth, or clothespins will give him just as much to explore and just as much pleasure as expensive silver rattles.

*To be safe,* any toy you give your baby should:

- Be sturdy enough that it will not splinter or break;
- Be large enough so that he can't swallow it;
- Have no sharp points or edges;
- Have no parts that can come loose and be swallowed such as whistles on rubber toys, or buttons or eyes on stuffed animals and dolls;
- Be painted with a safe paint (see safety check-list).

The child needs only a few things to play with at any one time—his crib shouldn't be stuffed with a great number



00041

of toys and household objects. However, the more different things he can look at, handle, bite, squeeze, scratch, bang, rattle, and throw, the more he will learn about what things are like. So change his toys frequently. Any household contains plenty of safe objects for even the most curious baby.

## Out of the Crib

By three to four months, your baby will probably demand a little more excitement than he gets in his crib and in his usual daily care. He may let you know by screaming and crying from boredom or he may just be a little fussy.

He will be happier spending a few hours a day sitting in an inclined infant seat watching you do your housework or cooking. He will also want to spend some time on the floor where he can roll, kick, and begin to learn to crawl. Keep a close eye on him when he is on the floor; he has enough strength to pull down a lamp or a small table and he can move amazingly far and fast even before he learns to crawl or creep. A playpen can be useful because you can leave him there out of your sight for a few minutes while you carry on your household tasks. Later on he can use the bars or net of the playpen to pull himself up. And a playpen can make a handy crib for naps or even for all-night sleeping. When he is quite small, you can make a playpen by blocking off a corner of a room with furniture or boxes. As he gets stronger, you will need something stronger that he can't move. As he grows older, he should be given some time each day when he is free to move about on the floor outside of the playpen. The older he gets, the more carefully you will have to watch him to keep him out of trouble.

## Discipline and Teaching

The word "discipline" means teaching. It does not mean punishment, as many people think. Your child will be well "disciplined" when he learns to do those things which please you and which help him to grow and develop, and when he learns not to do those things which displease you and the people around him, and which keep him from growing and developing.

The key to learning and discipline is not punishment, but reward. When your baby first smiles, you pay attention to



00042

him and smile back. When he smiles again, you smile back and pay attention to him again, and you may talk to him and cuddle him. He soon learns that when he smiles good things happen to him, and he learns to do a lot of smiling when you are around. In just the same way, when you pay attention to his first cooing and gurgling sounds, your smile, your voice and your fondling reward him. He coos and gurgles more and more frequently. When he is five or six months old, he begins to notice that you "reward" him more when he repeats sounds you make than when he makes just any old sound. Pretty soon he imitates everything you say, and begins to learn to talk.

If his smile is constantly ignored, he will stop smiling. And if his cooing and gurgling and making sounds is constantly ignored, he will soon stop making sounds. You actually teach your child to smile by rewarding him when he smiles, and you actually teach him to talk by rewarding him when he talks! You teach him by responding to what he does in a consistent way. If you want him to smile, you respond to the smile. If you don't want him to smile, you ignore it.

The same thing holds true for almost all other kinds of behavior. When you respond to something your child does by giving your attention, a smile, a kind word, or by fondling or joy, your baby will do that thing more and more frequently. If you ignore it, it will be done less and less frequently. With these two methods, rewarding and ignoring, you will teach your child almost everything he learns.

*What about punishment?* Will a baby stop doing something if he is constantly punished for it? It should work that way, but actually punishment doesn't work well in the first years of life. The baby usually can't figure out just what behavior is being punished. If you slap him when he throws a spoonful of food on the floor, he may not know whether he is being punished for eating, for trying to feed himself, or for something else. He may stop eating or trying to feed himself rather than start to become a neat eater. Then too, punishment is a form of attention. Some babies may enjoy attention more than they dislike the punishment. If the child who threw a spoonful of food on the floor saw just a slight frown on his mother's face and was rewarded with a smile for many of the times he got the spoon in his mouth, he would soon give up any purposeful spilling.

Of course, the baby sooner or later must learn that some



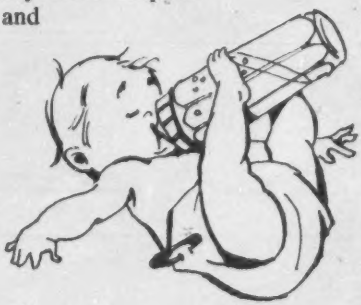
00043

of the things he does makes people around him irritated or angry. You don't have to be always calm, smile or hold your temper. But, the fact that his behavior is sometimes irritating and that you show your irritation in natural ways at times is quite different from trying to teach him how to behave through punishment.

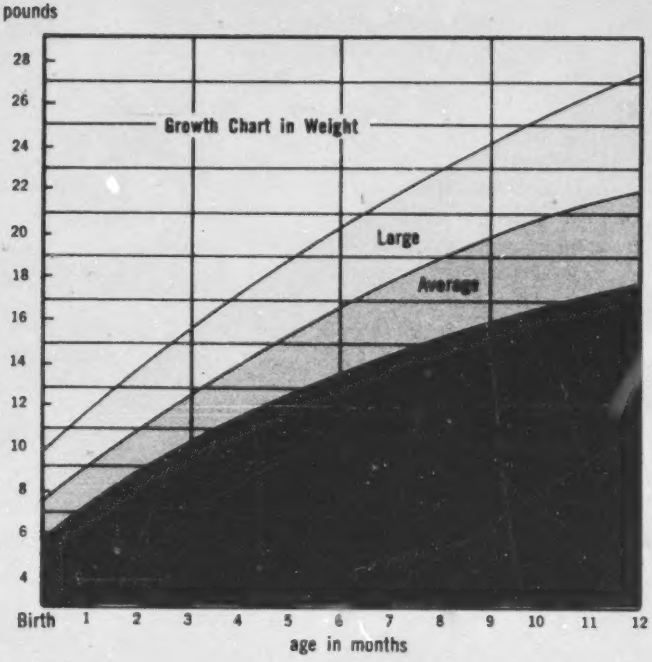
There are some things your baby will do which are just plain dangerous. During the first year of life, if he gets hold of something sharp or something he can swallow, you just must take it away from him promptly. At the end of the first year, you can begin to teach him the meaning of "no" by rewarding him when he stops doing something dangerous when you say the word. Soon you will be able to use the word "no" to keep him out of dangerous situations. Save most of your harsh words and punishments for teaching him about things that are really dangerous. Don't waste your "no-no's" on things that really don't matter.

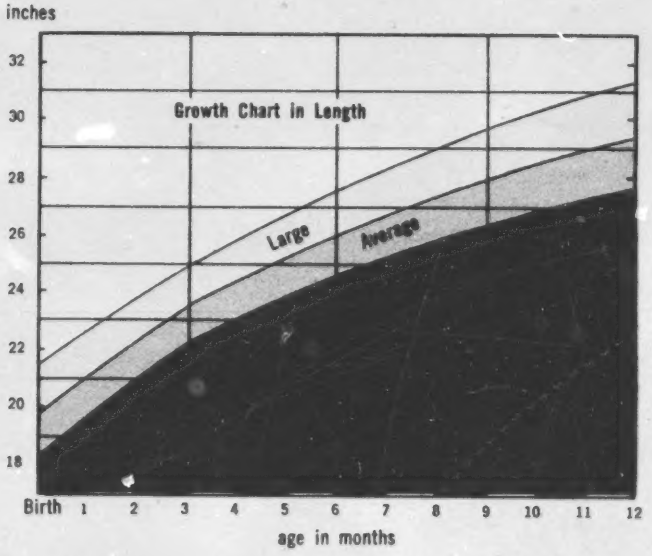
## Physical Growth

A baby's steady growth in height and weight is one of the best signs that he is healthy and is getting the kind of care he needs. It is the steadiness of the growth that counts, not how much it is or how fast it is. Most babies gain about ½ lb. per week during the first few months of life and about one pound per month from age 5 to 12 months. Smaller babies usually gain less and larger babies may gain more. You don't need a scale to tell. Your judgment and his regular check-ups are plenty. The chart on the next page shows the average length and weight of large, small and average size babies, and indicates about how much they will gain from month to month during the first year of life. The most common cause for a young baby not to grow as well as these average babies is that he is being fed too little or too infrequently. Try offering your baby more frequent bottles or more milk in each bottle, and he will usually catch up very quickly. If he doesn't, check with your doctor.



## GROWTH CHARTS






00045

## Feeding

Your baby doesn't really *need* any food except your breast milk or his formula until he is at least 6 months old. But you may want to get him used to different tastes, textures and temperatures of food before he is that old. Whenever you decide to start "solids" or spoon-foods, there are a few rules that will help you.

Start slowly. A few spoonfuls once or twice a day is plenty. His main nutrition still comes from milk, and the spoon-foods, water and juice are really just ways that you and he play with each other and teach each other.

Try just one new food at a time, and feed it every day for several days. Start with simple, pure foods. Use lamb, not meat dinner; rice cereal, not mixed cereal; applesauce, not fruit dessert. New foods will sometimes cause vomiting, diarrhea, or a skin rash. By starting only one new food every 4 or 5 days and by using simple foods you will know which one is to blame. Once he has eaten a food for 3 or 4 days and it hasn't disagreed with him, you can use it any time in the future without worrying. Choose new foods from each of the food groups listed on page 38.

Don't spend much money on expensive baby foods. There is nothing special about the foods that are sold as baby foods except that they are finely strained. Regular adult applesauce, mashed potatoes, ground meat, etc. are just as good and often much less expensive, as are the "junior foods".

The ready-cooked infant cereals are much easier to prepare and they contain iron and vitamins that are not found in adult cereals.

00046

Up to about 6 months, all your baby's needs may have been met by your nursing or by his formula. After 6 months, he should get part of his nourishment from other foods. Don't give him more than 25-30 oz. of formula a day. Let him fill up on other foods. You can cut his milk down to 16 ounces a day if more seems to spoil his appetite for other foods or if he seems to prefer other foods.

The best way to be sure that his diet is nutritious is to be sure it contains a wide variety of foods. In any two-day period he should have several servings of food from each of the following groups:

- Milk, cheese, cottage cheese, ice cream
- Fruits and vegetables—at least 1 serving of dark green vegetable
- Meat, fish, poultry, eggs
- Bread, crackers, cereal, rice, spaghetti
- Butter, margarine, cream (or whole or condensed milk)

Candy, cookies, sugar, sweet desserts, and soft drinks are all right for occasional treats. But they have little food value, they are bad for his teeth, and they spoil his appetite for more nutritious foods. Use them only occasionally or forget about them altogether. You can tell if a food is not being digested properly if it comes through in his bowel movements. If it does, chop it finer or use other foods.

When you feed him table foods—foods that you prepare for the entire family—be sure they don't contain chunks or stringy material he can choke on (no peanuts or raisins; watch out for strings in celery and green beans).

Encourage him to feed himself "finger foods" such as crackers, bits of bread or toast, or bits of cheese or meat. He will enjoy using his fingers and you will be able to let him feed himself.

Let him try drinking from a cup by the time he is 5 or 6 months old. Just a little bit in the bottom of the cup at first, then increase the amount as he learns to drink more skillfully. Encourage him to hold the cup and the bottle as you feed him; the sooner he learns, the less you will have to help him later on.

Let him help you handle the spoon when you are feeding him. If you sit behind him as you feed him, he can hold



00047

onto the spoon or your hand and learn the movements he will use to feed himself. It may slow you down and make some mess, but he will learn to feed himself sooner.

By the time he is nine or ten months old, he will be able to eat most of the things you cook for the rest of the family. You will still have to mash up some of the vegetables and cut the meat fine.

## Health Supervision

You will have many questions about your baby that can best be answered by a medically trained person. Your baby should be checked from time to time to discover whether he is growing and developing normally and whether he has any problems which you may not notice, but which a doctor can notice in his examination. There are certain tests that should be performed for every child, and your baby needs certain "shots" or immunizations to keep him from having certain illnesses. For these reasons your baby should be seen by a doctor (or a suitably trained doctor substitute) several times during his first year of life.

### Choosing a Doctor or Clinic

You will want to choose a doctor or clinic whose office is convenient, whom you trust, who is likely to be available by telephone when you want advice, and preferably one who can take care of your child both when he is well and when he is sick. Neighbors and friends will often have suggestions. The doctor who delivers your baby and the hospital nurses can be helpful. If you have other children, you will certainly want to use the same doctor for all your children.

### Using the "Doctor"

If possible, choose your baby's doctor before the baby is born. Call him, tell him when you expect the baby and that you would like him to visit you and the baby in the hospital and care for him after he is born. Some doctors will suggest a visit before the baby is born to get to know you and to discuss your plans for caring for the new baby.

Be sure to talk with the doctor who examines your baby in the hospital to find out if all is well. Ask questions and get answers!

Especially with a first baby, you will have more questions in your first days after you and the baby come home from

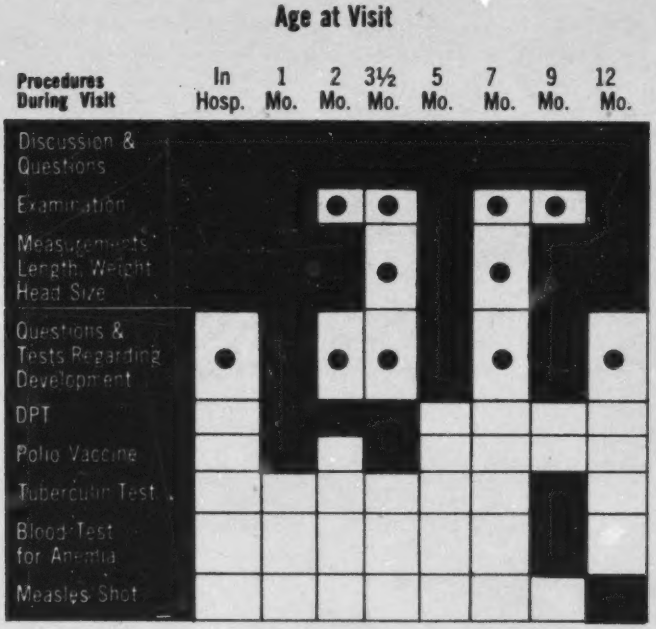


00048

the hospital than at any other time. Check first in this booklet and with experienced and trusted friends, but don't hesitate to call the doctor, clinic or hospital.

Most doctors and clinics will schedule the baby's first check-up when he is about one month old, and then plan further visits every 4 to 6 weeks for 3 or 4 visits and somewhat less frequently in the last 6 months of the 1st year.

Your conversation with the "doctor" is the most important part of each visit. The doctor may actually examine the child only 3 or 4 times during the first year, but he will always want to know how your baby is growing, how he is learning and developing, and whether you have noticed any problems. Write down your questions and observations so you can be sure to remember them. Following is a typical schedule of visits to the doctor or clinic:




Each doctor or clinic will have its own schedule, but you should expect it to include most of the items listed above.

● indicates procedure which is optional at a particular visit.



00049

## Keeping Your Own Records

You may have to change doctors, or you may have to get medical care when your doctor is not available. A busy clinic or doctor may lose your child's records. If you keep your own record and take it with you whenever you visit a doctor or clinic, you will probably save time and trouble. The form on the next page is one way of keeping such a record. Tear it out and take it with you.

## When Doctors Disagree

Don't be surprised if one doctor doesn't give you the same advice as another, or even if they actually disagree with each other or with what you read in this book.

For many problems, there are many successful treatments, and this book only mentions one. For some other problems, such as colds, each doctor may have his own favorite medicine, none of which makes much difference. For still other problems (whether boys should be circumcised, for example) there are real differences of opinion. When two doctors give you directly conflicting advice you should ask for an explanation. If the explanation is convincing, fine. If not, you will have to get a third opinion or make up your own mind.

# RECORD OF HEALTH SUPERVISION

BIRTH

| Name of Hospital | Address | Telephone |
|---|---|---|
| Name of Obstetrician | Address | Telephone |

| Date of Birth | Date Baby Was Due | |
|---|---|---|

| DATE | AGE | WEIGHT | LENGTH | HEAD SIZE | ANY PROBLEMS? | IMMUNIZATIONS DPT | POLIO | OTHER |
|---|---|---|---|---|---|---|---|---|
| | Birth | | | | | | | |



00051

## Safety and Accidents

If your baby was born healthy, he is more likely to die or be injured by an accident than by any illness. You can prevent almost all accidents by knowing what your baby is able to do and making sure he can do it in a safe way. Use the following check list to be sure your home is safe.

### BIRTH TO 4 MONTHS

**What the baby can do:**

1. Eat, sleep, cry
2. Roll off a flat surface, wiggle a lot

### SAFETY CHECK LIST: HE NEEDS FULL-TIME, COMPLETE PROTECTION

**Bath**

- ☐ Check bath water temperature to avoid scalds
- ☐ Keep one hand on baby at all times in bath

**Falls**

- ☐ Never turn your back on baby who is on a table, bed or chair
- ☐ Always keep crib sides up
- ☐ If interrupted, put him in crib, tuck him under your arm, or place him on the floor

**Burns**

- ☐ Put screens around hot radiators, floor furnaces or stoves
- ☐ Don't smoke when you are caring for him

**In Crib, Bassinet, Carriage, and Play Pen**

- ☐ Be sure bars are close enough so that his head can't get stuck. (3 to 3½ inches at most.)
- ☐ Don't use a pillow
- ☐ Select toys that are too large to swallow, too tough to break, with no small breakable parts, no sharp points or edges



00052

- ☐ Keep pins, buttons, coins, filmy plastics out of his reach
- ☐ Never put anything but things a baby can eat or drink in a baby bottle, baby food jar or baby's dish. Someone might feed it to him.
- ☐ Don't use a harness or straps in the crib

**In Automobile**

- ☐ Have a safe infant restraining device (see p. 52 "going out")
- ☐ Keep him in a place where he cannot touch or otherwise disturb the driver.

**Supervision**

- ☐ Don't leave him alone with a 1 to 3½ year old brother or sister.
- ☐ Have the telephone numbers of physician, rescue squad, and poison control center posted near your telephone.

## 4 TO 7 MONTHS

**What the baby can do:**

Move around quickly

Put things in his mouth

Grasp and pull things

Needs more time out of the crib

SAFETY CHECK LIST

- ☐ Recheck all *Birth to 4 Months List* (preceding)
- ☐ Never leave him on the floor, bed or in the yard without watching him constantly
- ☐ Fence all stairways, top and bottom
- ☐ Don't tie toys to crib or playpen rails, the child can strangle in the tapes or string.
- ☐ Baby-proof all rooms where he will play by removing matches, cigarette butts, and any other small objects, breakable objects, sharp objects, tables or lamps that can be pulled over.



00053

- ☐ Cover all unused electric outlets with safety caps or tape.
- ☐ Keep high chairs, playpens, and infant seats away from stove, work counters, radiators, furnaces.
- ☐ Keep all electric cords out of his reach.
- ☐ Keep cans, bottles, spray cans, and boxes of all cleansers, detergents, pesticides, bleaches, liquor, and cosmetics out of his reach.
- ☐ Never put a poisonous household product into a food jar or soft drink can. Someone may eat it or feed it to the baby.
- ☐ Don't paint any toy, crib, furniture or woodwork, or other object he might chew with paint which contains lead. Look for a label on the paint which says "Conforms to American Standard 266.1–1955 for use on surfaces which might be chewed by children." If a toy or crib is old and repainted, better remove the old paint completely and refinish it with safe paint.
- ☐ If your house was originally built before 1940 and has any chipping paint or plaster, repair it completely and cover it with wall paper or safe paint. If there is chipped paint or plaster in halls or other places you can't repair, have it tested for lead by the health department *and move out* if you can't get it repaired.

## 8 TO 12 MONTHS

**What the baby can do:**

Move fast

Climb on chairs, stairs

Open drawers and cupboards

Open bottles and packages

Needs more opportunity to explore *while you are watching*

SAFETY CHECK LIST—STILL NEEDS CLOSE SUPERVISION

- ☐ Recheck the *Birth to [illegible] Month List*
- ☐ Recheck the *4 to 7 Month List*



00054

- ☐ Baby-proof all cupboards and drawers that he can possibly reach and open. Remove all small objects and sharp objects, breakable things, household products that might poison, plastic bags, food that might cause choking (such as nuts or popcorn).
- ☐ Keep coffee, hot foods, and hot pots and pans out of reach of his high chair.
- ☐ Don't use a dangling table cloth, he can pull it and everything on the table onto the floor and onto himself.
- ☐ Keep medicines and household products that might poison in a *locked* cabinet.
- ☐ Be especially careful when you or someone else in the family is sick. Medicines are likely to be out of their usual safe place, and the baby may want to imitate you by eating them.
- ☐ Keep medicines separate from household products and household products separate from food.
- ☐ Never give a medicine in the dark. Turn on the light and read the label, every time.
- ☐ Never leave your baby alone in the bathtub or wading pool. He can drown in only a few inches of water. He can also turn on a faucet and scald himself.
- ☐ Avoid sunburn.
- ☐ Get 1 oz. of Ipecac syrup from the druggist and keep it on the medicine shelf to treat poisoning.

## First Aid and Emergency Treatment

Even when you are careful about safety, accidents and illness will occur. You should know what to do and have a plan of action.

If possible, take a first aid course from the Red Cross, the "Y", or the Boy or Girl Scouts, or review a course you may have already taken.

### Life-Saving First Aid

Choking, bad bleeding, drowning, burns from chemicals, and electric shock require immediate action to save life. You can't wait for help or advice.

*Choking*—Check to see whether he can still move air in



00055

and out. If so, wait for him to cough it up. If not, turn him head down and slap him firmly between the shoulder blades. If nothing happens, try again. If he still can't breathe, try to remove the object with your finger while he is still upside down. If he can breathe but keeps choking, rush him to the hospital.

*Drowning or Electric Shock*—

Use mouth-to-mouth rescue breathing until he breathes on his own or you reach a doctor.

1. Clear the mouth with your finger, quickly removing any mucus, vomit, food, or object.
2. Place him on his back on the floor, table or other firm surface.
3. Tilt his head back with his chin up.
4. Cover his mouth and nose with your mouth and blow gently until you see his chest rise.
5. Remove your mouth and let his lungs empty.
6. Take a quick breath yourself.
7. Repeat at a rate of about 20 times a minute.

If air is not moving, quickly check the position of his head and try again. If still no movement, hold him upside down, slap him firmly between his shoulders, check his mouth for blocking, and try again. **DON'T STOP!**

*Bad Bleeding*—Stop the bleeding by pressing with your hand directly on the bleeding spot. Get a cloth or piece of clothing under your hand and press firmly. Continue to press. If bleeding continues, add more cloth and continue to press.

DO NOT use a tourniquet. Direct pressure from your hand will stop almost any bleeding. Even if an arm or leg is nearly cut off, you can stop the bleeding with pressure.

*Burns from Chemicals*—If lye, oven cleaner, pesticides or other strong chemicals come in contact with his skin or eyes, wash it off with large amounts of water for a long time. Remove any contaminated clothing. Place the affected area directly under a faucet, garden hose, or shower and keep rinsing for 5 minutes. Use a bottle, cup, or gentle faucet to wash out eyes, keep the eyelids open as much as possible.

*Poisoning from Swallowed Medicines or Products*—

1. Immediately have him drink as much milk or water as he will take, keep him drinking;
2. Call a physician, hospital, poison control center, or rescue squad. Tell them the name and brand of the substance that was swallowed. Keep the container, the label, and anything left in the container;
3. IF a DOCTOR advises it, make him vomit. **Make him vomit** if you can't reach a doctor; **but not if:**

- He is unconscious or having a convulsion
- The substance swallowed was a strong alkali or acid (lye, ammonia, drain cleaner, oven cleaner)
- The substance swallowed was a petroleum product such as kerosene, gasoline, turpentine, lighter fluid, insecticide or furniture polish. If any of these are swallowed, go directly to a hospital emergency room, clinic or doctor's office.

4. Make him vomit by giving him 2 teaspoons of Ipecac syrup (1 tablespoon if he is over 1 year old). You should have a bottle in your medicine cabinet and in your automobile First Aid Kit. If you don't have Ipecac, and have a long trip to the doctor or hospital, stop at a pharmacy, get some, and give it on your way to the doctor or hospital.

*Poisoning from smoke or fumes*—Remove him to a place



00057

where there is fresh air. Use Rescue Breathing if he is not breathing.

*Shock*—After any severe injury, burn, or bleeding he may become pale, clammy and cold. Keep him lying flat and warm with blankets and get him to medical care immediately.

Emergencies Which Require Immediate Medical Treatment.

Poisonous bites, vomiting blood, crushing injuries to the chest, severe or extensive burns. **DON'T STOP FOR ANYTHING EXCEPT LIFE-SAVING FIRST AID. RUSH DIRECTLY TO A HOSPITAL OR OTHER MEDICAL TREATMENT FACILITY.**

For most injuries there is no need for such rush and hurry. You have time to calm down, to comfort the baby and his relatives, and to telephone for medical advice. Cuts (after the bleeding has stopped), most burns, convulsions, eye injuries, broken bones, high fevers, and head injuries all can wait until someone trained in medicine or first aid can be located to give advice by telephone or in person. Keep the baby warm and comfortable. Don't move him unless you are sure there is no head or neck injury and no broken bones.

Minor First Aid

*Cuts*—stop the bleeding by holding with a clean cloth. Wash thoroughly with soap and water. Pat dry. Cover with sterile gauze pad or adhesive bandage. Don't use iodine, mercurochrome or first aid ointment. Soap and water will take care of germs. If the skin does not fall back into place neatly, or if the wound is as much as ¼" deep, stitches or a special bandage may have to be applied to speed healing and prevent scarring.

*Scrapes*—wash thoroughly with soap and water. Use a wet gauze to remove all dirt particles. Cover with a sterile gauze pad or adhesive bandage.

*Puncture wounds*—(a deep prick from a pin or tack). Press gently to encourage bleeding, soak in warm water for 10-15 minutes. Cover with an adhesive bandage. Get medical advice if it gets more sore or red.

*Slivers*—Wash with soap and water, remove with tweezers or scrape out with a needle. Wash again. Cover with an adhesive bandage.



00058

*Burns*—Rinse with cold water. Cover with sterile dressing or clean cloth. Don't use ointments or greases. A cold pack made by putting ice cubes in a plastic bag and covering it with several layers of cloth may relieve the pain of a fresh burn.

*Falls*—If your baby falls, don't pick him up immediately. If he cries loudly immediately he probably doesn't have a serious head or neck injury. Look to see whether he moves both arms and legs and whether they look broken. If you think anything is broken, leave him where he is and call for help. If he is crying and moving his arms and legs, you can pick him up and comfort him.

If he is unconscious after a fall, call immediately for medical advice. If he cries loudly, run your hand over his head to be sure there are no lumps or depressions. Let him rest or play quietly. If he stays well and active, you have nothing to worry about. Check him frequently, and if he becomes very sleepy or vomits more than once, get medical advice.

*Insect bites and stings*—Remove the stinger if present. Calamine lotion may reduce itching and scratching.

*Particle in eye*—Most of the time a small speck of dirt or tiny insect will be blinked into a position along the lid where it can be removed with a corner of a clean tissue.

If the eye seems irritated and a speck can't be seen, bring the upper lid down over the lower lid and release it. The tears may wash the speck out. If irritation continues, cover the closed eye with several gauze pads, tape them in place, and take the child to medical care.

## Clothing

He doesn't need much more than a diaper and a shirt in a comfortably heated house. During hot weather he may be happier without a shirt. After the first weeks you can judge what he needs to keep him warm by what you need to keep yourself comfortable. If you need a sweater while resting quietly, so will he. If a sweater or extra shirt makes you too warm while exercising, he will probably feel the same way. He doesn't need a cap or hat if you don't.

There is no magic in outdoor air. It is neither particularly good nor particularly bad for a baby as long as he is properly clothed. Again, your own comfort is the best guide. Bright



00059

sunlight won't hurt his eyes, but he can get sunburned just like anyone else, and probably a little easier.

## Shoes

Shoes protect the baby's feet from rough surfaces and sharp objects. They do not change the shape of his feet (unless they do not fit properly) or help him walk or stand. Until he starts walking on rough surfaces or in places where there may be dangerous or sharp objects, he doesn't really need any shoes. Socks, booties, or clothing with feet sewn in are plenty, and bare feet are usually fine. When you get shoes either for "dress up" or because they are needed for protection, be sure that they are well fitted. Most shoes made for babies are well designed, and expensive shoes are not necessary. When your baby is first wearing shoes, his feet will be growing so fast that shoes will have to be replaced every 6 to 8 weeks. You should pay much more attention to keeping him in shoes that fit than in getting shoes early or getting expensive shoes. Sock sizes also must be changed! High topped shoes are harder for your baby to remove, but they have no other advantage.

## Laundering

You can launder clothing and diapers together. Wipe or rinse the bowel movement off soiled diapers and clothing and rinse them before adding to the diaper pail. Place dirty diapers, bed clothes and clothing in a covered plastic pail or washbasket between washings.

Use a mild low sudsing detergent, and rinse everything 3 or 4 times after the washing. If you use an automatic washer, run it through an extra "rinse" cycle. Adding a cup of vinegar to the final rinse may help prevent diaper rash.

If possible, use a clothes dryer, it leaves the laundry much softer than drying on a clothes line.

## Your Own Health

Don't neglect your own health and comfort. You will be a better parent if you eat nourishing food, get enough sleep and exercise, and keep up with your friends and interests.

You need at least one medical check-up about 6 weeks after the birth. Your doctor may suggest further check-ups.

Be sure to keep all your own medical appointments, so that any health problems discovered during your pregnancy and delivery can be completely treated. Your baby and your future babies need to have you in the best possible health.

Be sure to ask for family planning advice! How many children and how often to have them are up to you. Don't leave it up to chance. Modern birth control methods are much safer than unplanned pregnancies.

## Going Out

Babies can go anyplace their mothers go, and they often do. Whenever possible, it is wise to avoid taking him into crowded public places where people whose health is unknown to you may poke at him, handle him or sneeze in his face! When necessary, he can certainly sit with you in church or on the bus and go with you to the supermarket. Most babies seem to love trips in cars. If you take him in the car with you, get a suitable infant restraining device, such as the one illustrated, which can be fastened to the seat by seat belts. Automobiles are always dangerous to everyone, and they are especially dangerous if a parent must worry about the movements of a baby while she is driving!

00061

A canvas "baby tote" or back pack is easier to use than a carriage or stroller. It is much more convenient for traveling. You may even find yourself using it at home when your baby wants to be near you while you are busy.

## Leaving the Baby

You need some rest from the baby, and he has to learn that others can care for him. Plan to get out without him for at least several hours a week after the first month.

*Baby Sitters*—Select the person with care. Relatives, neighbors, friends all can be great—or terrible. You want someone who really cares about your baby and whom you can trust. You will want her to be healthy. If you don't know the sitter well, have her come for a brief stay while you are home. Show her where things are, how you care for the baby and tell her what you expect. Watch her feed and diaper the baby and see whether she seems to know and care about what she is doing.

Whoever is left to care for your baby, even for a brief time, should know:

- Where you can be reached
- Telephone numbers of your doctor, fire department, and police
- The name and telephone number of a responsible relative or friend who can be called if you can't be reached
- Details about your house—how to regulate heat, how to lock and open doors, etc.
- What and when to feed the baby
- When you will return

*Crying When You Leave*—Up to the age of 5 to 7 months your baby will probably accept care from anyone. After that, he may take some time to get used to a stranger, and he may scream when you try to leave him. Do give him some time with the baby sitter before you leave him, and use the same one or two baby sitters as much as possible. But don't be fooled by his screams; he will probably be happy within 5 minutes. He needs to learn that he can trust you to come back, and he can only learn it if you leave him and do come back.



00062

*Full Time Baby Sitting and Child Care*—Many mothers return to full-time or part-time work after the baby is born. Most mothers will want to wait at least 3 months before returning to full-time work, many will want to wait longer.

Every mother should carefully consider whether the money and satisfaction she gets for returning to work is worth the cost to her and to her family. Good child care is always expensive, and poor child care causes a great deal of trouble and worry for the mother and can be dangerous for the baby. Most mothers find caring for their own children enjoyable and rewarding. Add up the total cost of child care, transportation, meals, extra clothing you will need if you return to work and subtract this from the take-home pay you will receive. Then decide whether you really want to work for this amount.

There are many ways to arrange baby sitting or child care:

- Someone may care for your child in your own home, such as a relative, a maid or housekeeper;
- Someone may care for your child in their home—foster day care or home day care;
- Your child may be cared for in a center designed and staffed especially for the care of children—a day care center.

A trusted friend or relative is often the best baby sitter. Housekeepers or maids are expensive. At a minimum wage (1972) such care would cost at least $2500 to $3500 a year. Even at this cost, it might be the least expensive form of child care if you have several children requiring care. You have complete control and responsibility for the kind of care your child receives. Supervising and training such a maid or housekeeper will require a good amount of your time and effort.

Leaving your child in another person's home is often the least expensive form of child care, usually costing about $20 a week or $1,000 a year per child. You have very little to say about how such a person takes care of your child, so you must choose very carefully and visit frequently to be sure that your baby is getting the kind of care you want him to get. If at all possible, choose a home that is licensed by a health or welfare department and which is part of a day care association which trains the day care "mother" and which supervises her and makes sure her home is safe.



00063

Day care centers for infants are available in many cities, towns and armed forces bases. A few are very good, most of them are, at the present time, very bad. Good centers are expensive—usually costing $30 to $45 a week per child. Sometimes part of this cost is covered by a church, industry, or other sponsor, so the actual charges to parents can be less.

CHECK LIST FOR JUDGING A DAY CARE HOME OR CENTER:

- ☐ Does the person caring for the children really care about your child as an individual?
- ☐ Is there at least one person to care for each 4 to 5 children (including the day care "mother's" own children)?
- ☐ Does the care-giver treat each child as her own, talking to him while she is bathing or changing him, holding him when he is fed, "teaching" him and paying attention to his temperament and development?
- ☐ Is the home or center safe and healthful, with room for children's play and care, fresh air, reasonable cleanliness and free of safety and accident hazards? (See the home safety check list in this booklet.)
- ☐ Are your suggestions for the care of your child welcome and listened to?
- ☐ Do the care-givers and children seem to be happy, alert, and enjoying themselves?
- ☐ Are you welcome to visit at any time, with or without telling them in advance that you are coming?
- ☐ Has the care-giver had a medical examination to prove that she has no disease that your child could catch and that she is strong, and healthy enough to care for children?
- ☐ Is there a telephone which the care-giver can use to reach you or to call for help in an emergency?

### Penny Pinching

There are several ways that you can safely cut the cost of caring for your baby, and some costs that you should not try to cut.



00064

*Furniture*—Any box, basket or drawer will make a fine cradle for a newborn baby. Don't buy a small cradle.

A playpen narrow enough to push through a door can also be used as a crib. The thin pad is just as good as a mattress. You will have to do a lot more bending.

*Food*—Powdered infant formula costs less than liquid concentrate, and much less than ready-to-feed formula or whole milk. It takes only a few extra seconds to measure it and shake it up in the bottle. After age 1 year, when the extra iron and vitamins in an infant formula are no longer necessary, use evaporated milk mixed half and half (4 oz. water and 4 oz. evaporated milk) with water. It is much less expensive than fresh milk and probably a little safer.

Baby foods in small jars are usually much more expensive than the same foods in larger cans or jars. Don't start food other than cereals before age 4 months. Don't use much baby meat at any age; one jar a week is plenty until he is eating table foods. Use regular juices, applesauce, etc., instead of those specially prepared for babies.

The special infant cereals are very convenient and contain added iron and vitamins; they are well worth the slightly higher cost.

Don't use vitamin or mineral drops if you are using a powdered or liquid infant formula. The formula contains all the vitamins and iron the baby needs.

Launder your own diapers. You can probably buy a washing machine for the $200 you save by not using diaper service or disposables! Even if you must use a coin laundry, you will save a few dollars every week.

Fancy clothing may be fun for you, but it doesn't help your baby. Save the money for well-fitted shoes and sturdy play clothes.

A bathinette is no better or more useful for bathing and changing a baby than is a sturdy table or kitchen-type cabinet and you can use the table or cabinet later for other things.

Public well-baby clinics are often free, and usually give very good advice and shots. However, if you can't get telephone advice, and if you must go to a private doctor or pay clinic for any illness, you may find that a private doctor costs little more. This is especially so if you must lose time from work to use the free clinic. Don't be afraid to ask a doctor how much he charges for visits and shots when you call him for an appointment.



00065

A canvas "baby tote" or back pack is much less expensive than a stroller or baby carriage, and much easier to use when shopping or riding a bus.



00066

00067

# Common Problems and Worries

## Skin

Baby's skin just isn't as smooth and clear as the advertisements say it is. Almost every baby develops a fine pink or red rash whenever his skin is irritated by rubbing on bedclothes, by spitting up, by very hot weather. Almost all of these fine pink rashes will go away promptly if the skin is bathed with clean water whenever it is dirty, and washed with mild soap once a day.

Many babies develop waxy scabs on the scalp and forehead, called "cradle cap" or "seborrhea". Daily scrubbing with mild soap and a wash cloth will usually keep this under control.

Small, red, blotchy "birthmarks" on the eyelids and back of the neck are so common that they are called "stork bites". They usually show up when the baby is between one and four weeks old. They go away by themselves after a year or so, and cause no trouble of any kind. There is nothing to do but wait.

Bright red raised "strawberry marks" are also quite frequent. They appear after one or two months, grow rapidly for a few months, stop growing and gradually disappear. Unless your baby has one that is particularly large or in a spot where it is constantly being irritated, it is best to let it go away by itself.

Large areas of pale blue discoloration, called "mongolian spots" are common, especially on the trunk of dark skinned infants. They become less obvious as the child grows older and have no importance.

*Diaper Rash*—Urine and bowel movements are irritating to the skin, especially when they stay in contact with the skin for a long time.

Prevent diaper rash by changing diapers frequently, by rinsing the diaper area with clean water at each diaper



00068

change, by rinsing diapers thoroughly after washing, and by applying a layer of zinc oxide paste (you can buy it at any drug store) whenever the diaper area appears irritated.

If your baby gets a diaper rash in spite of this, you should:

- Leave off the plastic pants (or plastic covered disposable diapers) except when absolutely necessary. Using 2 or more diapers at nap time and at night will make this less messy.
- Leave the diaper area completely uncovered for a few hours each day (nap time or early evening is most convenient), put a couple of diapers under him to soak up any "accidents".
- Apply a thin layer of zinc oxide paste after cleansing at each diaper change.

*When to Worry*—Any pimple or rash that gets bright red and enlarges, or that develops blisters or pus, may be the beginning of an infection that will need medical care. You can soak such a rash with a washcloth or towel wrung out in hot water, and keep it clean by washing with mild soap and water twice a day. If it gets worse, or if it doesn't get better in 24 to 48 hours you should get medical advice.

Any rash that looks like bleeding or bruising in the skin should be seen by a doctor promptly (unless you know it really is a group of bruises).

## Legs and Feet

Most babies' legs and feet don't look "normal" until the child has been walking for several years! The feet seem to turn in or out in the first year of life. The legs look bowed by the time he is 12 or 18 months old.

Almost all of these funny-looking feet and legs are perfectly normal and will gradually straighten out as he runs, plays, and climbs. If you can move the foot easily into a "normal" looking position, and if the foot moves freely when he kicks and struggles, it is almost certainly a normal foot that developed a bend or twist while he was sitting on it during your pregnancy.

You won't cause bowed legs by pulling your baby into a standing position or letting him walk or stand "too early". Also, he won't learn to walk any sooner by being placed in a walker which usually isn't much fun for him anyway.



00069

## Umbilical Hernia—Swollen Navel

About ¼ of all babies develop a swelling at the navel. This usually grows rapidly for several months, then grows with the baby for several months, then gets smaller and disappears. Large hernias may not go away until the child is 4-6 years old. The bulge often gets tight or tense when the baby cries or coughs.

Since these hernias almost always go away if they are left alone for long enough, there is no reason to have them repaired by surgery. They almost never cause any kind of trouble or pain. Occasionally a 4-6 year old child may be embarrassed by a particularly large hernia, and it can be repaired at that time. By waiting, you will almost certainly save your baby an unpleasant and unnecessary operation.

## Genitals

The boy's penis and scrotum and the girl's clitoris and labia are usually rather large at birth. They get slightly smaller over the next few weeks.

A girl may have a slight white creamy discharge from her vagina in the first few weeks, which is normal. It should become less and less and should not irritate the skin. Get medical advice if it becomes worse or if she develops a discharge after the first week or two. Any bulge or lump in a girl's genitals should be checked by a doctor.

One or both of a boy's testicles may seem particularly large, and be surrounded by a water sac or "hydrocele". These are painless and cause no harm. They go away by themselves, usually within a few months. Seek medical care for any swelling in the groin, and seek medical care immediately for any painful swelling in the groin or testicles.

A circumcision should heal completely within a week to 10 days. The tip of a circumcised boy's penis may become irritated by the diaper. Put a little vaseline or zinc oxide paste on the irritated area each time you change the diaper.

If you want your boy circumcised, have it done while you are still in the hospital. It is not necessary, and it should almost never be done as a special operation once you and he have left the hospital (except for religious circumcisions).

If your boy is not circumcised, don't try to pull the skin back over the tip of the penis. It will hurt and irritate. As he grows the skin will gradually loosen until it will pull back with ease (it sometimes takes as long as 3 or 4 years).



00070

## Teeth

The first teeth usually appear at about 6 months of age and the average one-year-old has about 6 teeth. But don't worry if they come by 3 or 4 months, or not until 12 or 13 months. Early or late teeth don't seem to make any difference to the baby. He can chew most foods with his gums!

When a tooth is coming through the gum, the gum may become red and sore, and the baby may seem irritable for a day or so. Sucking on something cold may help. Half of a baby aspirin every 3 to 4 hours may relieve the pain. Don't use teething lotions or paragoric to rub the gums; they are often dangerous. And don't blame fever, vomiting, or other signs of illness (other than mild fussiness, some spitting up, and slight change in bowels) on teething! If your child really seems sick, it is not his "teething" that is causing it.

## Sucking

Most babies get their thumbs and fingers in their mouths and suck on them. Many seem to find it especially enjoyable

00071

and do it often. It causes no harm and can be ignored.

Some mothers don't like the looks of thumb and finger sucking and substitute a pacifier for the thumb. This also is fine, and the pacifier can be thrown away toward the end of the first year. But don't substitute the pacifier for the attention, food, or diaper changes that your baby wants and needs when he is crying!

## Crossed Eyes

Your baby's eyes should look straight at you when he is awake and alert. One may turn in or out slightly when he is particularly tired, but both eyes should work together almost all of the time. If not, seek medical advice at your baby's next check-up. Don't be fooled by a wide nose which may make the eyes look as if they are turning in.

## Very Frequent Urination

Most babies urinate nearly every hour until they are two or three months old, every two or three hours for the rest of the first year, and will sometimes urinate two or three times in a very short period. But if your young baby never seems to go more than ½ hour without urinating or your older baby seldom goes more than an hour, if he strains hard to urinate, or if he always urinates in a weak trickle or very fine tight stream, you should tell the doctor about it at the next check-up.

## Colds

Many babies have a slightly stuffy, rattly noise in their noses nearly all the time. This is not a cold, it just seems to be the way they are made. It will become less and less noisy and noticeable as he gets older, the air passages of the nose get larger, and he learns to clear his nose by sniffling. Don't use a lot of cold remedies with such a baby. You may be able to reduce the noise by sucking out his nose several times a day with a small rubber bulb called a nasal syringe.

Most babies will have 2 or 3 real colds in the first year, your perfectly normal baby may have 8 or 9. With a cold he will become a little fussy and lose part of his appetite.



00072

His nose will start running with clear watery material which will later become thick and sticky. His eyes may look red, he may cough frequently and make a lot of noise when he breathes. He may have a fever. The cold may last 4 or 5 days, or 2 or 3 weeks, and if a cough starts it may continue as long as 4 or 5 weeks.

Neither you nor your doctor can do much about it except keep your baby as comfortable as possible. If he seems uncomfortable with aches and pains, give him half a baby aspirin 3 or 4 times a day. Use the nasal syringe to clear his nose when it bothers him. A mixture of honey and lemon juice given 1 teaspoon every 4 hours will do as much good for a cough as many fancy cough medicines.

*When You Should Worry*—If he seems very weak and sick, has no energy to even cry loudly, nurses poorly, doesn't want over half of his usual bottle, doesn't wake up to be playful for even a short time—then you should seek medical care quickly.

How sick he acts tells much more about how seriously ill he might be than anything else. If he has a high fever and a cough, but takes some of his bottle eagerly and wants to play, you don't have to worry. But if he is listless, weak, uninterested in attention, play or his bottle, you should get him to a doctor quickly.

If he has labored breathing you should have him checked. This means that he has to work so hard at breathing—getting the air in and out—that he has no energy left for anything else, even for his bottle or playing. Making a lot of noise breathing is not important, but having to work very hard to breathe is!

If he cries and moans as if in pain for several hours while he has a cold, you should get him checked by a doctor. If he is just fussy and goes to sleep after you comfort him or give him half a baby aspirin, you needn't worry. But painful crys shouldn't be ignored.

You will probably want to check with a doctor the first times your baby has a bad cold, but you will soon learn what to expect with his colds and how to treat them.

You really can't do much to prevent a cold. Colds are most contagious—most easily passed from one person to another—during the few days *before* the signs of a cold appear. Once a person has had a cold for a few days, he is no longer likely to give it to someone else, so staying away from a person with signs of a cold will not help much.



00073

**Fever**

Fever is the body's natural response to many infections. If your baby has a fever, there is something wrong with him. But how high the fever is doesn't tell you anything about how sick he is. If a child with a high fever is playful



00074

and cheerful, he is not very sick and you need not worry. A child with only a slight fever or no fever who appears to be sick and weak needs medical attention. Fever should warn you to watch your child carefully—it doesn't tell you how sick he is.

Many babies will have a fever with every cold. Many have a fever for a day or two with no other signs of illness except tiredness and fussiness.

Most of the time a child with a fever needs no special treatment. Give him plenty to drink, take off any extra sweaters or blankets to let him cool off, and sponge his face with a cool, wet cloth. If he seems uncomfortable, or particularly jittery, give him ½ a baby aspirin every 6 hours if he is 3-8 months old, and 1 baby aspirin every 4 hours if he is 9-18 months old. Aspirin will reduce the fever, but fever itself does no harm. Use aspirin for pain and discomfort, leave the fever untreated unless the baby seems uncomfortable. Give him plenty to drink.

If your child has a fever you can't explain for 4 or 5 days in a row, you should seek medical advice even if he doesn't seem very sick.

## Vomiting

Your baby may vomit during one of his colds or fevers. Or he may have an illness with vomiting, or vomiting and diarrhea, as the only signs.

When your baby vomits, don't give him anything to eat or drink for one hour. Then give him ½ oz. of cold sweet juice, tea or soft drink. Repeat this half-ounce feeding every 10 or 15 minutes for an hour. Give 1 ounce feedings every 10 or 15 minutes for the next hour, and 2 oz. feedings as often as he wants them for the following hour. If there is no more vomiting it is now safe to give small amounts of cereal, formula, crackers or toast. But don't give more than 2 oz. to drink at one time until there has been no vomiting for 6 hours.

If he vomits after you start this routine, wait an hour and start again at the beginning with half-ounce feedings.

If he continues to vomit for more than one day, or if he seems very sick and weak, you should get medical advice.



00075

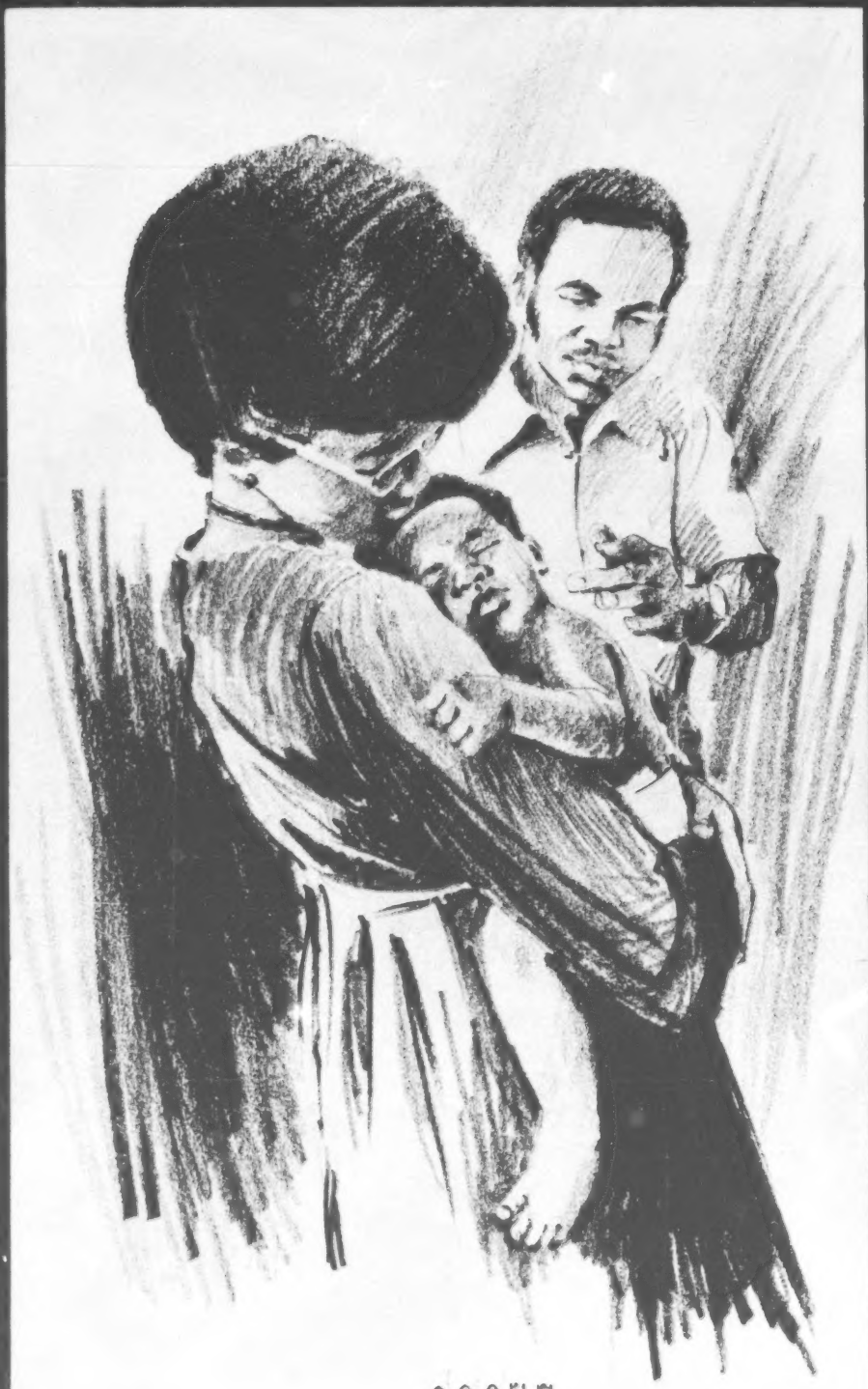
## Care of a Sick Child

Don't worry if a sick child doesn't want to eat, but be sure he gets plenty to drink. If he has a fever or diarrhea, he may be particularly thirsty. Give him only his usual amount of milk, and offer him water, juice or sweet soft drinks in between.

Let him decide how much exercise and sleep he wants. If he wants to be up playing, let him up to play. If he is sick enough to need extra rest, he will soon lie down and fall asleep. Better a happy child playing quietly than a child screaming in his crib because someone said, "he's sick, keep him in bed".

Try to keep him comfortable. This often means fewer blankets and clothes rather than more, especially for a child with a fever. There is nothing wrong with outdoor air or with automobile trips provided he is comfortably dressed and allowed to rest when he wants to.

00076



# Index


## A

Accidents, prevention of 43-46
Activity levels, 23-24
Air, swallowing of 5
Appetite, loss of 63, 66
Artificial respiration 47-48
Attention:
  baby's need for 17, 18, 34
  older child's need for 20
Attention span 27

## B

Baby:
  bed 9, 56
  carriage 57
  planning your next 52
Babysitter:
  emergency information for 53
  full time 54-55
  health examination for 55
"Bathe" 2
Bassinet 9
Bathinette 56
Bathing:
  materials for 13
  methods of 13-14
  precautions 15
Bed, for baby 9, 56
Bedclothes 9-10
Behavior:
  adaptability of baby's 24
  attention span 27
  distractability 25-26
  of difficult babies 27
  of siblings 20
  persistence 27
  punishment 33, 34-35
  reaction 25
  regularity of baby's 24
  reward 33-34
  sensitivity 25
  toward other people 24, 30, 31
Birthmarks 59
Blankets 9-10
Bleeding, from cuts, treatment of 48, 49
Bottles, cleaning of 11
Bottle brush 11
Bowel movements:
  blood in 17
  color of 16-17
  frequency of 16
  when breast fed 3
Brassiere, for nursing mother 4
Breast feeding:
  advantages of 2-3
  method of 4
Breast milk, advantages of 2
Breathing, baby's, during a cold 64
Burns:
  chemical, treatment of 48
  prevention of 43, 46
Burping 5, 7

## C

Carriage 57
"Cephalohematoma" 19
Cereal 37, 56
Child care:
  cost of 54-55
  evaluation of 55-56
  in day care center 54, 55
  in day care home 54, 55
  in your home 53
Choking, emergency treatment for 46-47
Circumcision 61
Clinic, well baby 21, 56
Clothing:
  diapers 50, 56
  laundering of 56
  shirts 50
  shoes 51
Colds:
  breathing during 64
  coughing due to 64
  fever due to 65-66
  frequency of 63
  length of 64
  loss of appetite due to 63
  treatment of 63, 66
Colic 17, 18-19
Constipation 17




00078

Convulsions, due to poisoning 48, 49
Coughing, due to colds 64
Cradle Cap, care of 14, 59
Crib 56
Crossed eyes 63
Crying:
  causes of 17-18
  colicky 18-19
Cuts, bleeding from 49

# D

Day care:
  cost of 54-55
  evaluation of 55-56
  in day care center 54-55
  in day care home 54-55
  in your home 53
Dehydration 17
Development:
  of motor skills 28, 30, 31, 43, 44, 45
  of premature baby 30, 31
  of speech 29
  standing 29, 30
  sitting 28, 30
  use of eyes 29, 31
  use of hands 29, 30, 31
Diaper rash:
  care of 60
  prevention of 59-60
Diaper service 56
Diapers, laundering of 56
Diarrhea 17
Discipline:
  how to 33-34
  punishment 33, 34-35
  reward 33, 34
Doctor: 1, 21
  choosing 39
  examinations by 39
  visits 40
Drowning, emergency treatment for 47

# E

Ears, cleaning of 15
Evaporated milk 56
Eyes:
  after birth 19
  crossed 63
  particle in 50

# F

Falls:
  prevention of 43
  what to do in case of 50
Family planning 52
Feeding:
  amount 6, 38
  bottle 56
  breast 2-4
  night 6
  problems 2-3, 6, 37
  schedule 6, 37
  self 38-39
  solid foods 37-39
Feet 60
Fever: 65-66
  as a sign of sickness 65
  treatment for 66
Finger nails 14
Fire, prevention of 43, 44
First aid 46-50
  treatment of:
    burns 48
    cuts 49
    falls 49
    insect bites 50
    puncture wounds 49-50
    scrapes 49
    shock 49
Food:
  buying baby's 56
  cereal 37, 56
  introducing new foods 37
  other than milk for baby 37-38
  solid 37-38
  strained 37
Foreskin, irritation of 61
Formula:
  amount of 6
  buying 56
  equipment for making 11
  preparation of 10-12
  refrigeration of 11, 12
Fruit, in baby's diet 38
Furniture:
  bassinet 9
  bathinette 56
  crib 56
  playpen 56



00079

## G

Genital organs:
- at birth 61
- care of 13, 61
- discharge from 61
- disorders of 61
- handling of 13, 61

Growth:
- in height and weight 35, 36
- in premature babies 30, 35

## H

Hair, washing of 14
Head:
- cephalohematoma 19
- shape of 19
- washing of 13, 14

Health examinations:
- for baby 39-40
- for mother 2, 52

Health records 40-42
Hernia, umbilical 61
Hospital, for emergencies 49

## I

Immunizations 39, 40

## L

Laxatives, avoidance of, for baby 17
Learning:
- to drink from cup 38
- to eat solid foods 38-39

Legs 60

## M

Mattress 9
Meat, in baby's diet 38, 39
Medical care:
- for baby 39-40
- for mother 2, 52

Milk:
- breast 2-3
- evaporated 56
- formula 6, 10-12, 56
- liquid concentrate 11, 56
- powdered 12
- refrigeration of 11, 12
- shortage in nursing mother 12

Mongolian spots 59
Mood:
- negative 26
- positive 26

## N

Nasal syringe 63, 64
Navel:
- bleeding from 19
- care of, after birth 19-20
- swollen 61

Night feeding 6
Nipples:
- caps for 11
- care of nursing mother's 4
- care of rubber 11
- shields for 4

Nose, cleaning of 15
Nursing:
- at both breasts 4
- length of time for 4

Nursing pad 4

## O

Outings:
- for baby 52-53
- for mother 53

## P

Pacifier 62-63
Paint:
- containing lead 45
- for furniture 45
- for toys 45

Pants:
- rubber 10
- waterproof 10

Penis:
- circumcision of 61
- irritation of 61

Pillow 9
Play:
- with mother 1, 31
- with toys 32-33

Playpen:
- as bed 33, 56

Poisoning:
- due to smoke 49
- prevention of 44-46
- what to do in case of 48-49




00080

Premature baby, development of 30-31
Prevention of:
  accidents 43-46
  burns 43-46
  poisoning 44-46
Punishment 33, 34-35

# R

Rash:
  diaper 59-60
  from new foods 37
  heat 59
Reaction, intensity of 25
Refrigeration, of formula 11, 12
Relationship:
  between father and child 31
  between mother and child 31
  of baby to other people 30
  of children to baby 20
Rest:
  mother's need for 2
  baby's need for, when sick 66
Reward:
  methods of 33-34
  purpose of 33-34

# S

Safety:
  in automobile 44
  in home 43-46
Scalp, care of 59
Seborrhea, treatment of 59
Sensitivity 25
Sex organs see Genital organs
Sheets 9
Shirts 10, 50
Shock, emergency treatment of 47
Shoes 51
Shots 39, 40
Siblings, behavior of 20
Sick child:
  care of 63-67
  loss of appetite in 63, 66
Sickness, signs of 63-67
Skin:
  birthmarks 59
  blotches 59
  care of 59-60
  mongolian spots 59
  rash 37, 59, 60
  strawberry marks 59
Sleep:
  alone 16
  amount of 16
  mother's need for 2
Soap, for baby's bath 13
Solid foods, learning to eat 37-39
Speech, development of 29
Spitting up 7
Sucking:
  fingers 62-63
  pacifier 62-63
  thumb 62-63
Suffocation, prevention of 16, 43
Sunburn 46
Swallowing:
  objects 43
  poisons 45, 46, 48

# T

Talking, development of 29
Taste 37
Teeth, eruption of 62
Teething 62
Temperament:
  characteristics 23-27
  differences in 23-27
Temperature:
  for baby's bath 15
  for baby's room 16
Testicles 61
Thumb, sucking of 62-63
Toe nails 14
Toys 32-33, 44-45

# U

Umbilical cord, care of, after birth 19
Umbilical hernia 61
Urinary disorders 63

# V

Vagina, discharge from 61
Vitamins, in baby's milk 11
Vomiting:
  after swallowing poison 48
  in sick baby 66
  what to do for 66

# W

Walking 28
Weight 35-36



★ U. S. GOVERNMENT PRINTING OFFICE : 1973 O - 507-748

00081

00082